



**Saint Alphonsus  
Medical Center**

BAKER CITY

# 2016 Community Health Needs Assessment



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## **Introduction**

### **History**

The Sisters of St. Francis of Philadelphia opened St. Elizabeth Hospital on August 24, 1897, in response to a request by Archbishop William H. Gross. Initially three Sisters staffed the hospital, located in the former St. Francis Academy on the corner of Second and Church Streets. During the early years, many of the patients served by St. Elizabeth Hospital were local gold miners who paid one dollar per month in exchange for complete health care services.

In 1912 construction began on a 115-bed facility that was completed in 1915. During the 1918 Spanish flu epidemic of that time, if patients were unable to be treated at the hospital, the Sisters would make house calls to treat the ill. Since then, the times and healthcare standards have changed, and St. Elizabeth Hospital has changed too.

In 1967, it became apparent a new facility and support services were needed. As a result, the Sisters took another step forward, initiating the construction of a 50-bed, one-story hospital in April 1969. The new facility opened in October 1970. Services included general nursing care, rehabilitation, home health, respiratory therapy, laboratory, radiology, intensive care-coronary care, obstetrics, surgery, post-anesthesia recovery, pastoral care and 24 hour emergency care.

In May 1987 an 80-bed, one-story addition was completed to house a nursing home adjoining the Hospital. The facility was then renamed St. Elizabeth Hospital and Health Care Center. In the summer of 1992, an additional 40 beds were added to the nursing home and as part of the expansion plan, an attached Medical Office building was added in 1994.

On April 1, 2010 St. Elizabeth Health Services joined together with Holy Rosary Medical Center (Ontario), Mercy Medical Center (Nampa, ID), and Saint Alphonsus Regional Medical Center (Boise, ID) to form the Saint Alphonsus Health System with Baker City, Ontario, and Nampa each changing their respective names to Saint Alphonsus Medical Center.

### **About Saint Alphonsus Health System**

As a faith-based Catholic ministry and not-for-profit health system, Saint Alphonsus Health System reinvests in the communities we serve, through charity care and other benefits. Our goal is to improve the health and well-being of people by emphasizing care that is patient-centered, physician-led, innovative and community-based. Saint Alphonsus Health System serves the people of southwestern Idaho, eastern Oregon and northern Nevada through these facilities: Saint Alphonsus Regional Medical Center - Boise, ID; Saint Alphonsus Medical Center – Nampa, ID; Saint Alphonsus Medical Center – Ontario, OR; Saint Alphonsus Medical Center – Baker City,

OR; and, Saint Alphonsus Medical Group with primary and specialty care providers at over 60 clinic locations, all of which are members of the Saint Alphonsus Health Alliance, a network of over 1900 employed and independent providers. Saint Alphonsus is a proud affiliate of Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation. Trinity Health serves people and communities in 21 states from coast to coast with 88 hospitals and 126 continuing care facilities, home health and hospice programs, and PACE center locations that provide more than 2.5 million visits annually. To find out more go to: [www.saintalphonsus.org](http://www.saintalphonsus.org).

### **Mission Statement**

We, Saint Alphonsus and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

### **Core Values**

**Reverence:** We honor the sacredness and dignity of every person.

**Commitment to Those Who are Poor:** We stand with and serve those who are poor, especially those most vulnerable.

**Justice:** We foster right relationships to promote the common good, including sustainability of Earth.

**Stewardship:** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

**Integrity:** We are faithful to who we say we are.

### **Executive Summary**

The Mission of Saint Alphonsus compels us to "serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities." Periodically assessing the health and social needs of the community helps us to allocate our resources appropriately to improve the health of the communities we serve.

The Patient Protection & Affordable Care Act (PPACA) requires nonprofit hospitals to conduct community health needs assessments every three years and to develop implementation plans to address identified needs. Saint Alphonsus Medical Center – Baker City (SAMCBC) will utilize the combination of primary and secondary data collected, as well as community input to develop a Community Benefit Implementation Strategy addressing priority needs that fit within the scope of SAMCBC's Mission, strengths and capacity to influence.

SAMCBC is deeply committed to Community Benefit. This commitment is:

- Rooted in our identity as a Catholic healthcare provider
- Grounded in our mission to improve the health of our community, with special attention to underserved and vulnerable populations
- Supported by organizational structures, policies and procedures
- Maintained by allocation of institutional resources
- Marked by collaboration with other community organizations
- Driven by leadership accountability for community benefit.

Page 36 shows the prioritized list of the top needs for Baker County.

### **CHNA Approval**

Preliminary information regarding the CHNA was presented and discussed at the SAMCBC Community Board Meeting on April 25, 2016. As the CHNA was not complete, the Board appointed Board Member, Jan Kerns, as the authorized person to adopt the final report. Ms. Kerns reviewed and adopted the completed CHNA on behalf of the SAMCBC Community Board on June 27, 2016.

### **Review of Previous CHNA**

In 2013, the SAMCBC CHNA identified several high priority health needs, including:

- Limited access to primary care and oral health
- Lack of health insurance
- Obesity
- Community perception of need of more health screening services

With the passing of the Affordable Care Act (ACA), Oregon chose to expand Medicaid coverage to those with incomes up to 138 percent of poverty starting in January 2014. On December 31, 2013, prior to the expansion, there were 2,238 people covered by Medicaid in Baker County. As of May 1, 2016, there were 3,624 people covered by Medicaid in Baker County.

In order to manage the newly covered Medicaid population, Oregon began Coordinated Care Organizations (CCO's) to govern and administer care to the Medicaid population. Baker County's CCO is the Eastern Oregon Coordinated Care Organization (EOCCO).

SAMCBC was able to obtain a grant through the EOCCO which assisted in the development of care coordination teams and addressed the fragmented healthcare delivery system. The goals of this grant were to increase screenings for clinical depression in patients 18 and older, to decrease the number of Medicaid members who were seen in the Emergency room with a depression-related diagnosis, and to assist Medicaid members to enroll in a medical home.

This grant was a collaborative effort with the local behavioral health entity, New Directions NW, Inc. The outcomes included improved access to behavioral health services for patients through primary care and the seamless coordination between behavioral and physical health providers. Based on the success of this project, it was soon realized that there was a need to expand the work of the Community Health Worker to assist in identifying and breaking down barriers to all care (both physical and behavioral health) and a continuation/expansion grant has been submitted by New Directions NW, Inc. and approved.

Also due to the successful collaboration of physical and behavioral health entities, it has led to the full integration including co-location of behavioral health within the hospital setting. This includes behavioral health leasing an entire wing of SAMCBC to provide behavioral health services, pain management, mental health counseling, etc.

SAMCBC also attempted to increase access to care for our population by opening an Express Care inside one of our local grocery stores. This location was on the opposite side of town than the hospital and clinics. The success of this addition was not fully realized due to the closing of the grocery store leading to the closing of the Express Care.

SAMCBC did not receive any comments from the public on this CHNA.

## Community Description

### Geographic Area Served

This assessment focuses on the primary service area for SAMCBC, principally Baker County, Oregon. Baker County is one of the eight counties that comprise Eastern Oregon. Baker County has a total area of 3,088 square miles, making it larger than Delaware and Rhode Island combined. By definition, Baker County is considered a "frontier" county. This is defined as six or fewer people per square mile. The July 1, 2014 population estimate for Baker County is 16,059, a mere 5.2 persons per square mile. The median household income from 2010-2014 was \$40,576.

### How Population Served Was Identified

SAMCBC is located in Baker City, Oregon. The surrounding counties to the north include Union and Wallowa Counties. Union County is served by Grande Ronde Hospital and Wallowa County is served by Wallowa Memorial Hospital. Grant County is to the west of Baker County and is served by Blue Mountain Hospital. Malheur County is to the south of Baker County and is served by Saint Alphonsus Medical Center – Ontario.



### Demographics of Population

<b>US Census Bureau QuickFacts</b>	<b>Baker County</b>	<b>Oregon</b>	<b>US</b>
Population, July 1, 2014 estimate	16,059	3,970,239	318,857,056
Population, percent change, April 1, 2010 to July 1, 2014	-0.5%	3.6%	3.3%
Persons under 5 years old, 07-01-14	5.2%	5.8%	6.2%
Persons under 18 years old, 07-01-14	19.4%	21.6%	23.1%
Persons 65 years old and over, 07-01-14	24.7%	16.0%	14.5%

Female persons, 07-01-14	49.5%	50.5%	50.8%
White alone, 07-01-14	95.0%	87.9%	77.4%
Hispanic or Latino, 07-01-14	3.9%	12.5%	17.4%
Asian alone, 07-01-14	0.6%	4.3%	5.4%
Black or African American alone 07-01-14	0.6%	2.0%	13.2%
American Indian and Alaskan Native alone, 07-01-14	1.3%	1.8%	1.2%
Native Hawaiian and Other Pacific Islander alone, 07-01-14	0.1%	0.4%	0.2%
Language other than English spoken at home, age 5+, 2010-2014	4.6%	14.9%	20.9%
High school graduate or higher, percent of persons age 25+, 2010-2014	89.8%	89.5%	86.3%
Bachelor's degree or higher, percent of persons age 25+, 2010-2014	20.4%	30.1%	29.3%
Veterans, 2010-2014	2,035	313,261	20,700,711
Owner-occupied housing unit rate, 2010-2014	65.90%	61.5%	64.4%
Median household income, 2010-2014	\$40,576	\$50,521	\$53,482
Persons in poverty, percent**	20.6%	16.6%	14.8%
Population per square mile, 2010	5.3	39.9	87.4

Source: US Census Bureau QuickFacts, [www.census.gov](http://www.census.gov)

\*\*This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates....

### **Health Facilities**

The facilities owned and operated by SAMCBC include the main hospital, Saint Alphonsus Medical Center and two Saint Alphonsus Medical Group practices, Baker Clinic and Valley Medical.

### **Services Provided**

SAMBC is a Critical Access Hospital with two primary care medical group practices. Services provided include emergency services, labor and delivery, orthopedic surgery, general surgery, imaging, laboratory, respiratory therapy, infusion, wound care, and rehabilitation services (through Saint Alphonsus Rehabilitation Services – STARS). Significant services that SAMBC does not offer are cardiac and neuro services.



## Process and Methods

### Data Sources and Methodology

This CHNA was conducted by Saint Alphonse Health System staff and includes information collected from primary and secondary data sources. Wherever possible, community health indicator data were collected to allow comparisons between Baker County, the State of Oregon, and national rates. In some instances data was not available or could not be located for some indicators, primarily due to the rural nature of Baker County. This may indicate opportunities for better data collection and analysis in the future.

Data was also obtained through community surveys in the Baker County area. Surveys were gathered between April 2015 and April 2016. In order to provide continuity of information throughout the Saint Alphonse Health System, one Community Survey was utilized for the CHNA's conducted in Boise, Nampa, Ontario and Baker City. The survey was developed by The United Way of Treasure Valley with community advice on a number of indicators to best describe the overall health of the communities being surveyed. The indicators are grouped into four categories:

- Financial Stability and Independence
- Success in Education
- Living Healthy Lives
- Access to Basic Services

While the indicators are grouped into categories, many of the indicators and barriers identified have implications in other categories. These over-arching barriers tend to be social determinants of population health such as wage and job opportunities, poverty, educational attainment, availability of healthy foods and exercise opportunities and access to basic services. Paying increased attention to these social determinants of health represents a fundamental shift in approaching improvements in the overall health of communities.

Administering the survey was accomplished through a variety of methods aimed at getting the most diverse cross-section of respondents with respect to those typically at risk in our communities including people who are poor, single parents, the elderly, etc. Surveys were administered through partnerships with service agencies and community experts such as the Baker County Health Department, Department of Human Services, Community Connections and the Compassion Center. The Baker County Library was an exceptional partner allowing survey work to be completed in their branch locations in Haines, Halfway, Richland, Huntington, and Sumpter. The survey was administered in a variety of settings including community events, school fairs, client-based service settings and areas where people from under-served populations tend to congregate such as senior centers, service agencies, etc.

Survey results are shown later in this report at the beginning of each of the four major survey focus sections.

Community Input was also gained through conversations and input from a number of community experts and community service agencies including:

- Baker County Health Department
  - Served as External Review Committee member, assisted with survey distribution, guidance on prioritization of needs, provided information regarding current programs being offered throughout Baker County
  
- Community Connections
  - Served as External Review Committee member, assisted with survey distribution, guidance on prioritization of needs, and provided information on current programs being initiated throughout Baker County
  
- Department of Human Services
  - Served as External Review Committee member, assisted with survey distribution, guidance on prioritization of needs, and provided information on current programs
  
- Saint Alphonsus Board Member
  - Served as External Review Committee member, provided guidance on prioritization of needs, provided information on historical programs
  
- Compassion Center
  - Served as External Review Committee member, assisted with survey distribution, guidance on prioritization of needs, and provided information regarding current programs
  
- YMCA
  - Served as External Review Committee member, provided guidance on prioritization of needs, and provided information regarding current programs

There were three External Review Committee meetings to discuss the findings from the survey and to discuss various needs that were identified. These meetings were held between January and April 2016.

In assessing the needs of our community, we must take into consideration other community health assessments and planning processes that have taken place locally. One such process is the EOCCO Local Community Advisory Council's (LCAC) Community Health Assessment completed in December 2013. This assessment shows many parallels to the previous Community Health Needs Assessment including mental health care, prevention screenings, and dental/oral care.

The LCAC is currently in the process of updating their health assessment. Their preliminary data shows the following themes:

- Health promotion and prevention
  - Community level and clinic prevention screenings
- Mental Health
- Social determinants of health
  - Education, economy, safety, housing
- Early childhood screenings and immunizations
- Oral health

The LCAC has also developed a Community Health Improvement Plan. The 2013 plan focused on 1) Oral health – concentrating on preventing cavities – the number one chronic disease among children and 100% preventable. 2) Emergency room utilization for oral health complaints. 3) Suicide prevention – depression screening.

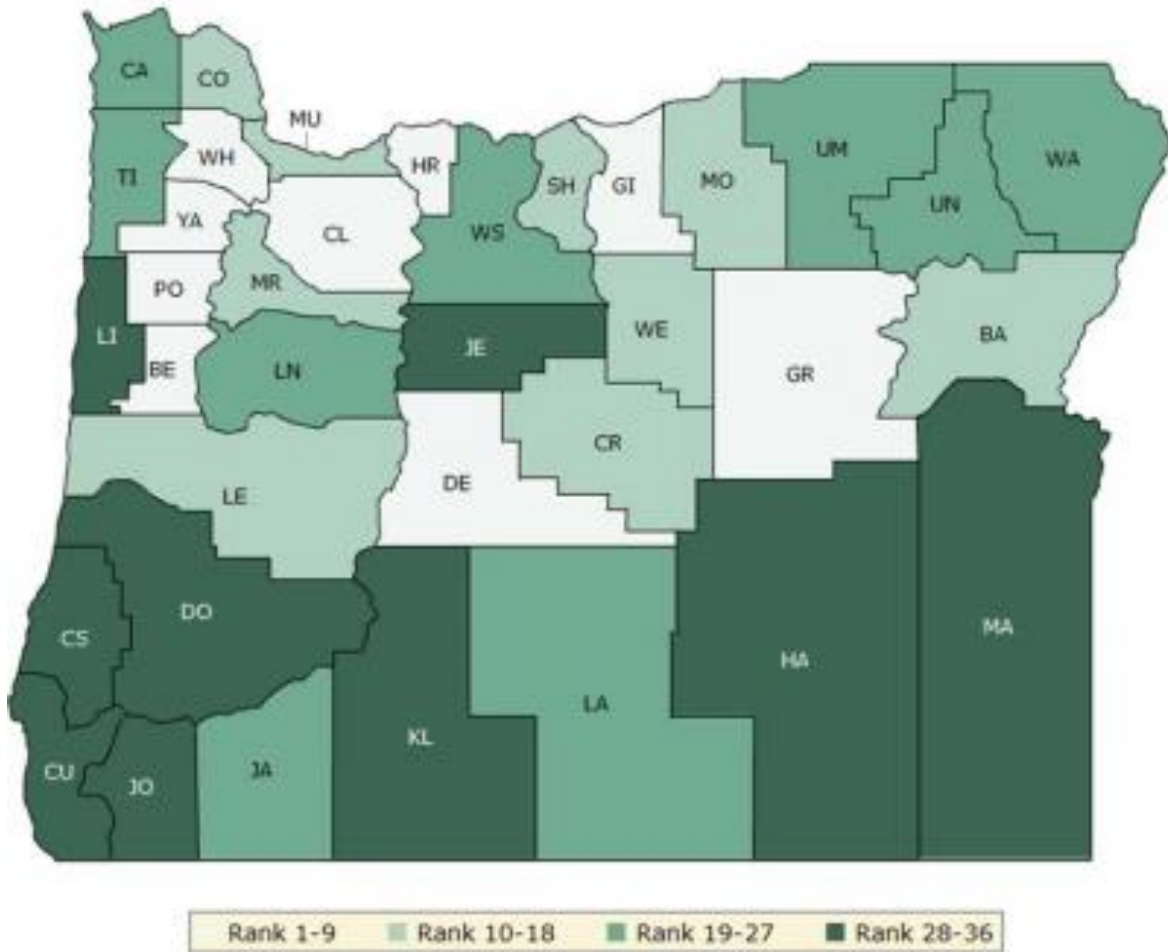
Secondary data sources included published and unpublished data on demographics, key health indicators, and social determinants of health, collected from a variety of resources. Data obtained was compared to state and national data and trends over time wherever possible.

### **County Health Rankings**

County Health Rankings ([www.CountyHealthRankings.org](http://www.CountyHealthRankings.org)), provides comparative rankings and data for a variety of different health factors and health outcomes. These rankings are an effort to highlight the importance of many different factors in determining the health of a population. County Health Rankings is a project supported by Robert Wood Johnson foundation and University of Wisconsin Population Health Institute.

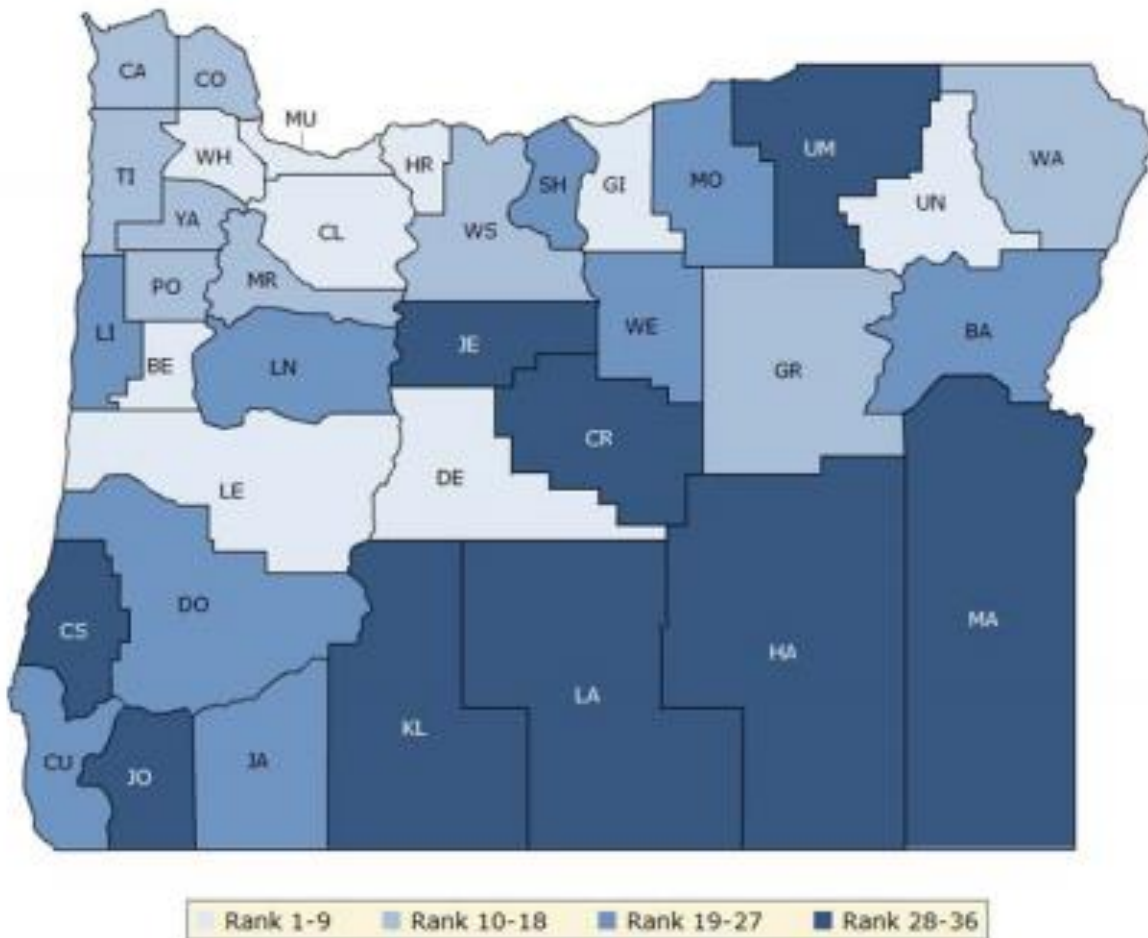
## Health Outcomes

Health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. According to County Health Rankings 2016, Baker County ranks #18 out of 36 counties in Oregon in health outcomes.



## Health Factors

Health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. According to County Health Rankings 2016, Baker County Ranks #19 out of 36 counties in Oregon in health factors.

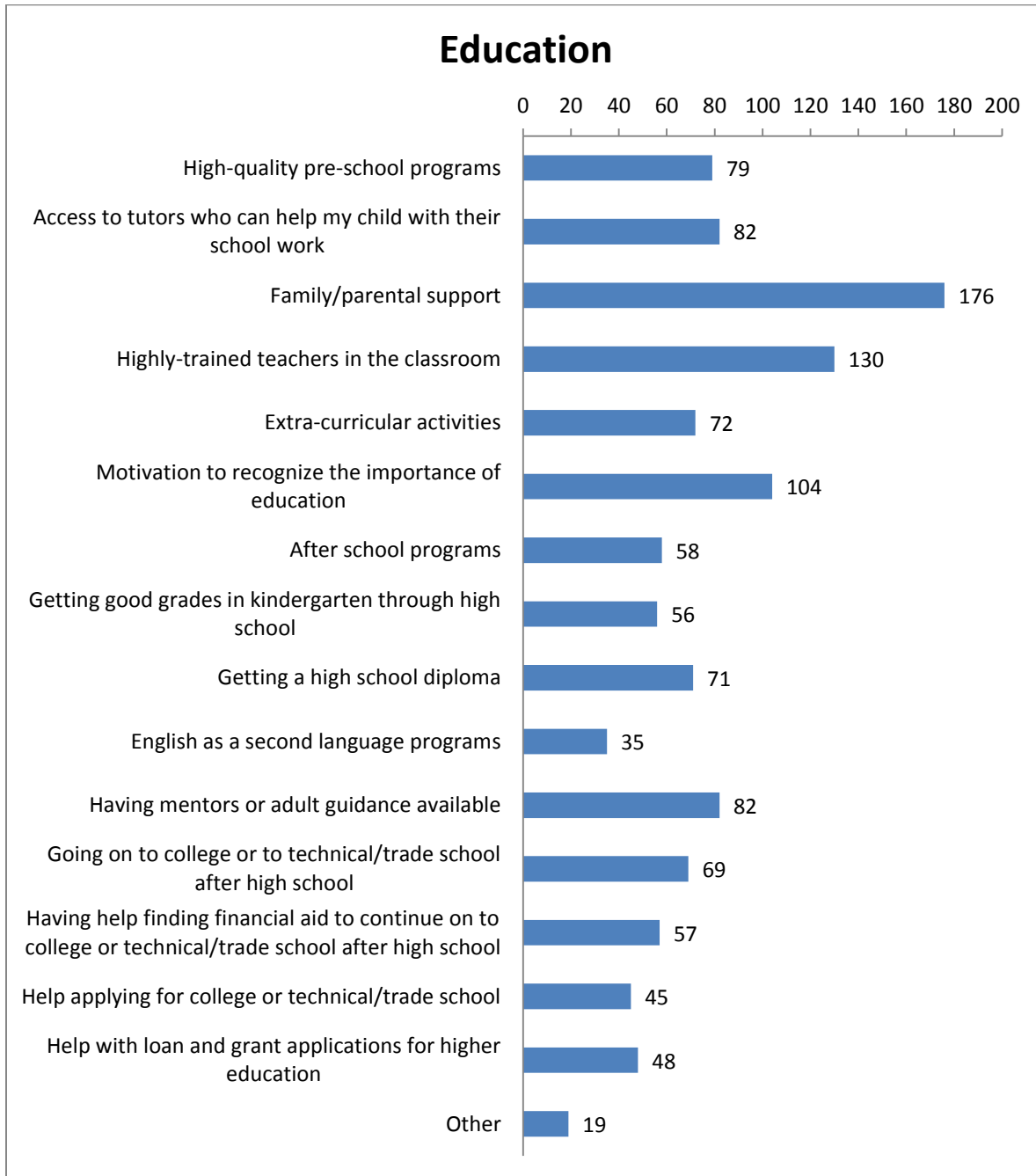


## Community Input

### Success in Education

From the Community Survey:

"Which three of the following items would most help children to have success in education? Please answer even if you have no children."



### **Survey Comments Regarding Barriers to Success in Education:**

Family and parental support was the most identified barrier to success in education with 176 respondents selecting this as a top need. Having highly-trained teachers in the classroom was the second highest identified need with 130 respondents selecting this option. The third highest identified need was Motivation to recognize the importance of education with 104 respondents selecting this option.

Survey respondents who commented on barriers to success in education most frequently identified the need for high quality teachers, especially with respect to special education and specialty needs, as well as lack of qualified ESL teachers/programs.

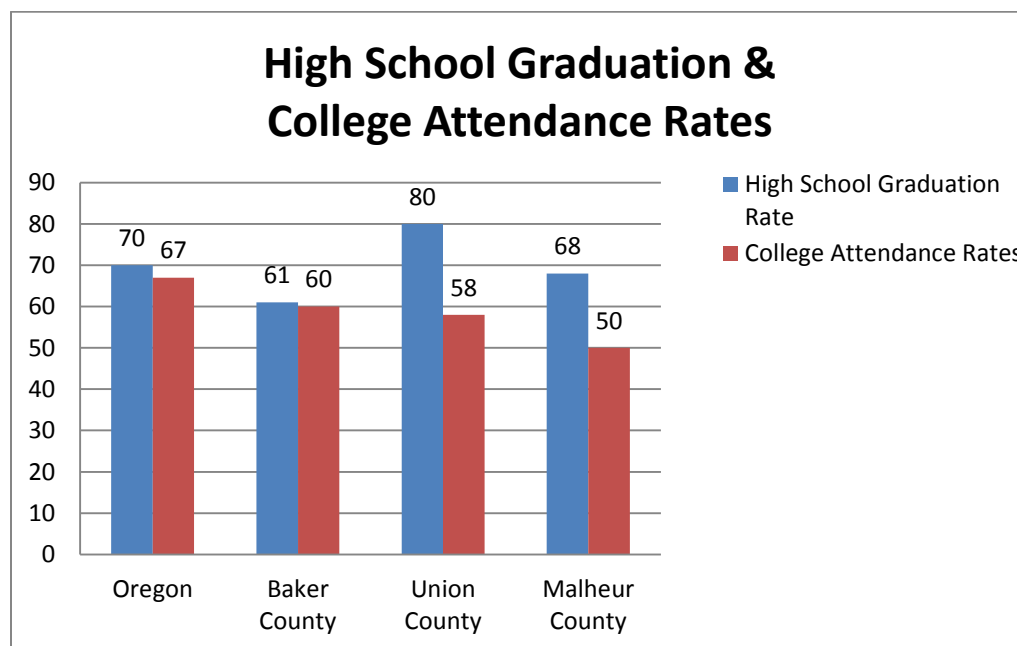
Access to high quality pre-school programs was identified as another barrier to success in education, with respondents commenting on the lack of available programs as well as socio-economic barriers to accessing available services.

Comments on resources for parental support identified lack of tutors, and lack of help/resources for financial aid as barriers to success.

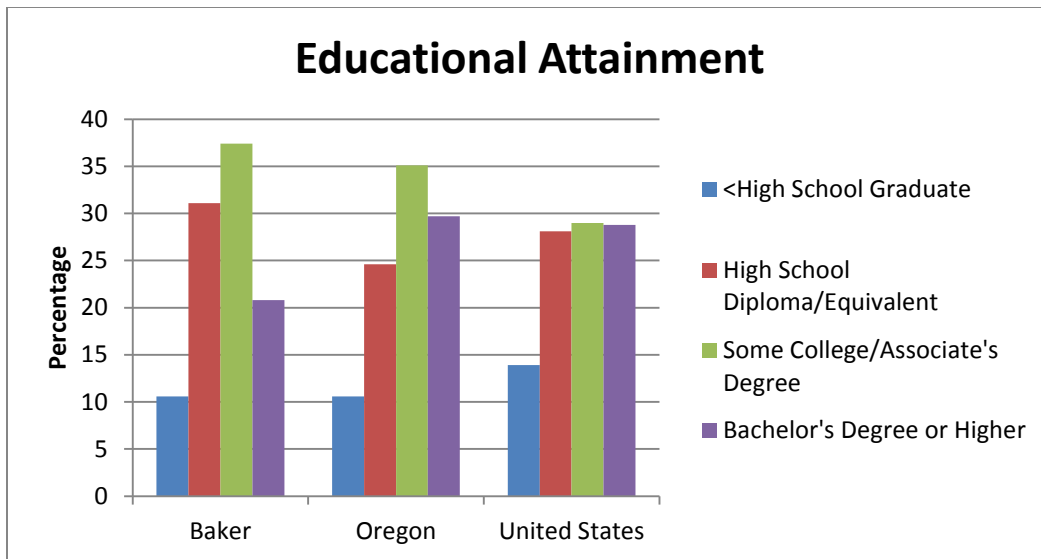
Other frequently mentioned barriers to success included lack of after-school programs and extra-curricular programs including sports, art and music.

### **Secondary Source Education Data:**

#### **Graduation/College Attendance Rates**



Source: County Health Rankings 2016



Source: Statistical Atlas

"High school graduation" is reported as the percent of a county's ninth-grade cohort in public schools that graduates from high school in four years. "Some college" represents the percent of the population age 35-44 with some post-secondary education, such as enrollment at vocational/technical schools, junior colleges, or four-year colleges. It includes individuals who pursued education following high school but did not receive a degree.

As seen above, County Health Rankings shows that Baker County's graduation rate is lower than the State of Oregon's and also lower than the surrounding counties of Union and Malheur. Baker County's College-Attendance rate is also lower than the State of Oregon, but slightly higher than both Union County and Malheur County.

The lack of a high school diploma is associated with negative outcomes. Those who attain a high school diploma are more likely to utilize health-promoting behaviors including increased consumption of fruits and vegetables and other healthy eating behaviors, participate in regular physical activity, and refrain from excessive alcohol consumption and smoking.

The effect of education on poverty levels is significant. Not having a high school diploma increases the risk of remaining in poverty exponentially. Even with a high school diploma, poverty rates of between 10% and 15% are common. Achievement of a Bachelor's degree drops the risk of poverty to less than 5% in most locations

### Homelessness

Baker County appears to have a homelessness issue among its youth population, however, the number of homeless individuals is not precisely counted. According to the Baker County School District Liaison, the homelessness definition used within the school district is the McKinney-Vento definition:



According to section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), the term “homeless children and youths”—

(A) means individuals who lack a fixed, regular, and adequate nighttime residence...; and

(B) includes—

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Children and youth are considered homeless if they fit both part A and any one of the subparts of part B of the definition above.

During the current 2015-2016 school year, over 130 students have been identified as meeting this definition of homelessness. This represents approximately 7 to 8% of the total student population. This population includes those whose families are doubled up within a single dwelling or students who sleep place to place or "couch surf". There are very few, if any, services within the community that serve this population.

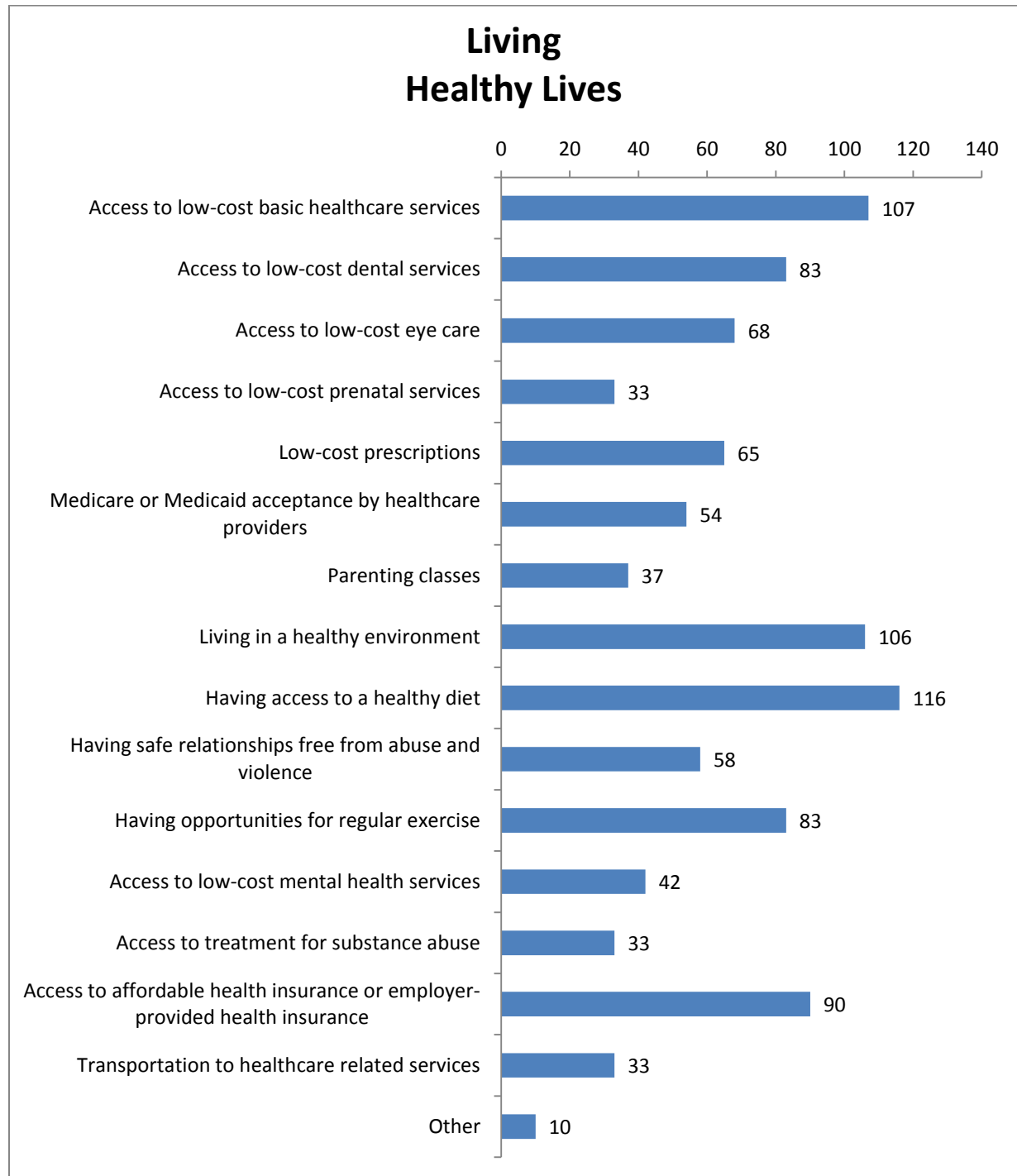
### **Baker Technical Institute**

Opening in August 2014, Baker Technical Institute is a leading provider of Career Technical Education programs designed to develop the next generation of skilled workers, technology innovators, entrepreneurs, and community leaders in rural communities. BTI offers the very latest education and training, leading to certification in high-salary, high-demand careers in various fields including Agriculture Sciences, Building Trades, Environmental Sciences, Engineering, Health Services, Welding and Metal Technology. Baker Technical Institute faculty and staff are committed to ensuring that programs stay on the cutting-edge of business know-how and technological innovations. Initial successes are leading to dynamic rapid growth across Eastern Oregon providing opportunities for career skills and economic development for the rural communities of Eastern Oregon.

## Living Healthy Lives

From the Community Survey:

"Which three of the following items best describe what you and your family need to live healthy lives?"



## Survey Responses Regarding Barriers to Living Healthy Lives:

Having access to a healthy diet was the highest scoring need, with 116 respondents, followed by access to low-cost basic health care services with 107 respondents, and living in a healthy environment with 106 respondents.

The identified barriers to accessing a healthy diet centered on food availability and affordability. Baker City currently has one major grocery store, and is often unable to keep up with the demand for produce and unprocessed foods, and these foods are often out of the reach of respondents with financial barriers.

Many respondents noted that the barriers to basic health care were lack of insurance coverage for dental, vision and prescription coverage. Transportation barriers were a frequently identified barrier, as was access to quality mental health and substance use treatment options.

Living in a healthy environment was the third highest scoring need, yet no barriers were identified by respondents. It is of note that when a majority of the surveys were collected, Baker County was being heavily impacted by poor air quality due to forest fires. This score may be an artifact of that event.

Other barriers to living healthy lives included lack of access to exercise facilities and opportunities, and difficulty accessing affordable insurance options.

### Secondary Source Health Data:

#### Access to health care

	Oregon	Baker County
Primary Care Physicians	1073:1	1232:1
Dentists	1328:1	1784:1

#### Insurance

	Oregon	Baker County
Uninsured	17%	17%

#### Mental Health

	Oregon	Baker County
Poor mental health days per 30 days	3.9	4.1
Mental Health Providers	271:1	401:1

Source: County Health Rankings 2016

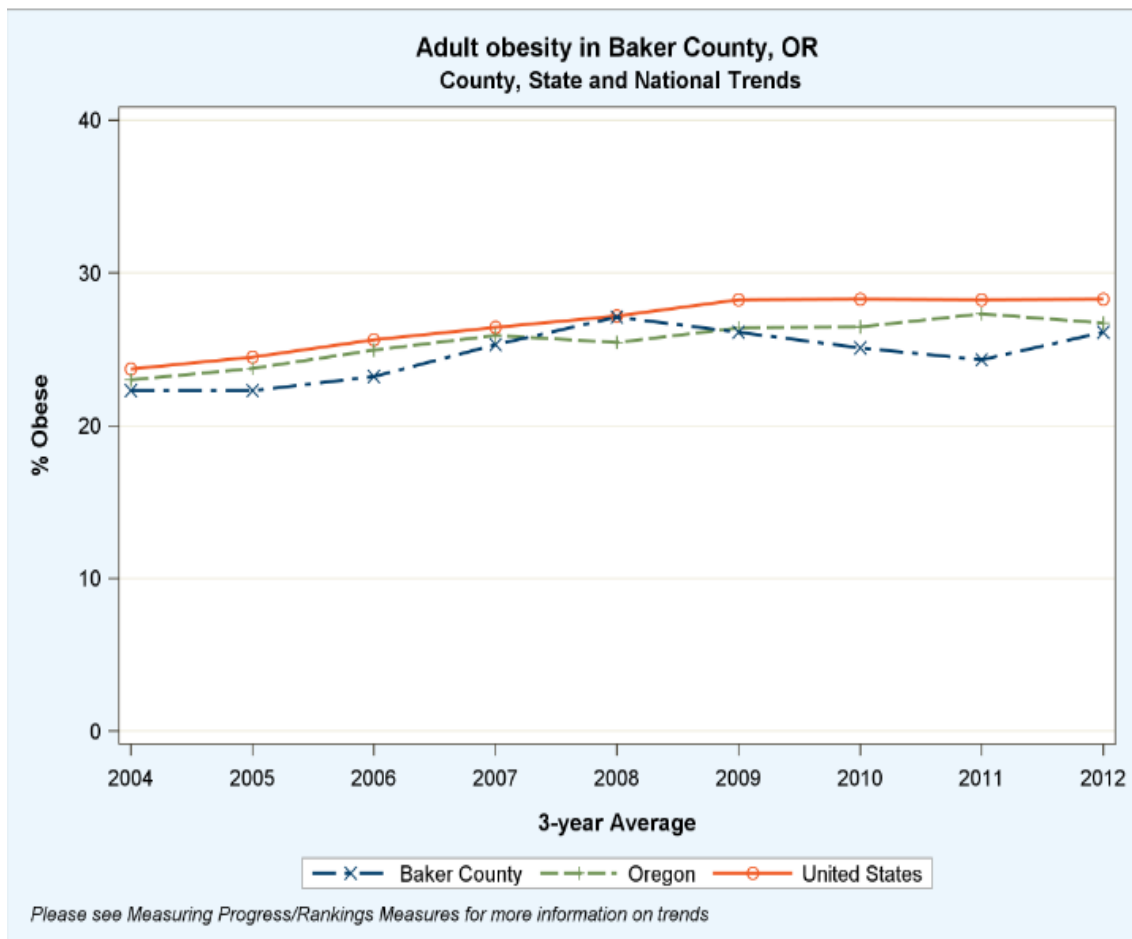
## Obesity

According to County Health Rankings, obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.

### Adult Obesity

	Oregon	Baker County
Obesity Rate – BMI 30 or more	26%	26%

Source: County Health Rankings 2016



Source: County Health Rankings 2016

## Health Behaviors

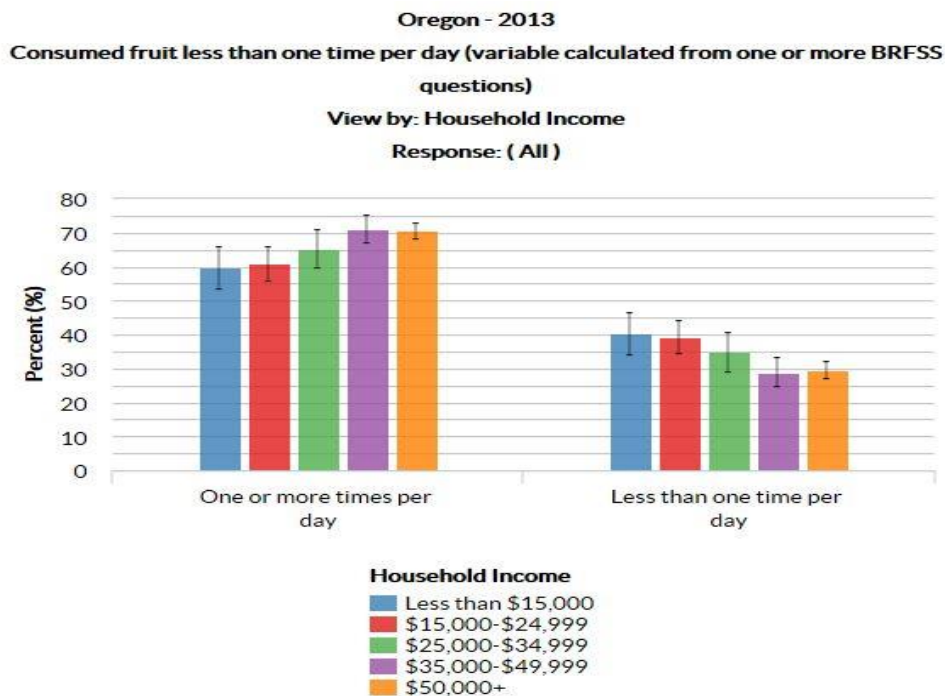
	Oregon	Baker County
Adult Smoking	15%	16%
Adult Obesity	26%	26%
Food Environment Index	7.3	6.0
Physical Inactivity	16%	23%
Access to Exercise Opportunities	88%	70%

Source: County Health Rankings 2016

Lack of physical activity and opportunities to exercise are another significant opportunity to impact health on a large scale. Baker County has significantly higher levels of inactivity and significantly lower than State scores for access to exercise opportunities. It should be noted that Baker County has a new YMCA facility that offers many opportunities for physical activities for both children and adults. Baker City also has the Leo Adler Memorial Parkway (LAMP) which provides a walkway along the Powder River and is accessible at many points throughout town.

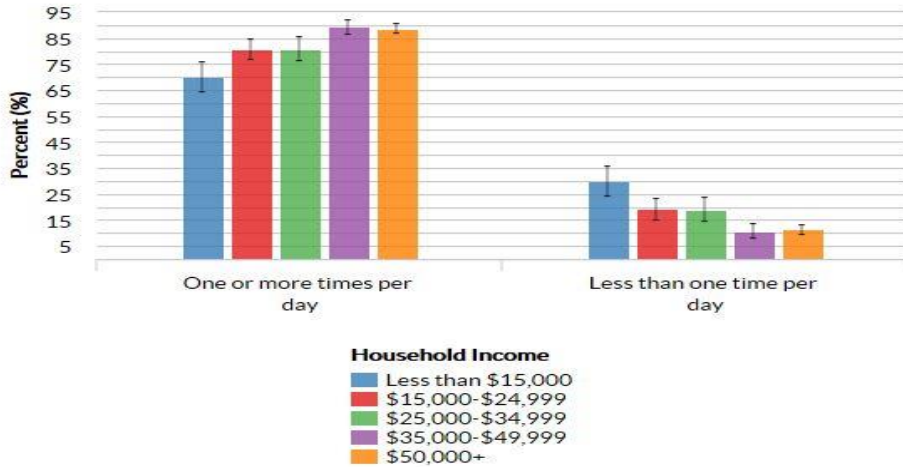
## Food and Exercise

### Consumption of fruits and vegetables



Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

**Oregon - 2013**  
**Consumed vegetables less than one time per day (variable calculated from one or more BRFSS questions)**  
**View by: Household Income**  
**Response: ( All )**



**Data Source:** Behavioral Risk Factor Surveillance System (BRFSS)

Consumption of fruits and vegetables has remained relatively flat over time and represents one of the largest opportunities for improving the overall health of the community. The United States Department of Agriculture (USDA) no longer uses the food pyramid, but rather an easier to understand USDA "My Plate". My Plate focuses on healthy eating by providing a visual guide as to what your plate should look like. The recommendations are that ¼ of your plate be lean protein, ¼ of your plate be grains, and half of your plate should be fruits and vegetables. The recommended servings of fruits and vegetables are 2-4 fruits and 3-5 vegetables.

### Violent Crimes

According to County Health Rankings 2016, violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. The data below was obtained from the State of Oregon Report of Criminal Offenses and Arrests 2014 and includes data from January to December 2014. The numbers come from two different reporting systems, the Oregon Uniform Crime Reporting system and the Oregon National Incident Based Reporting System. The law enforcement agencies reporting include Baker County Sheriff's Office, Baker City Police Department, and Baker Oregon State Police.

Crimes Against Person	Baker County # of Offenses	Baker County # of Arrests	Oregon # of Offenses	Oregon # of Arrests
Willful murder	0	0	26	12
Negligent Homicide	0	0	14	6
Forcible Rape	1	0	398	69

Other Sex Crimes	13	5	1,888	547
Other Criminal Threats	3	3	6,544	2,377
Kidnapping	1	0	181	21
Robbery	4	1	703	352
Aggravated Assault	67	40	2,668	1,456
Simple Assault	8	2	8,716	4,485
Total	97	51	21,138	9,325

Source: State of Oregon Report of Criminal Offenses and Arrests 2014

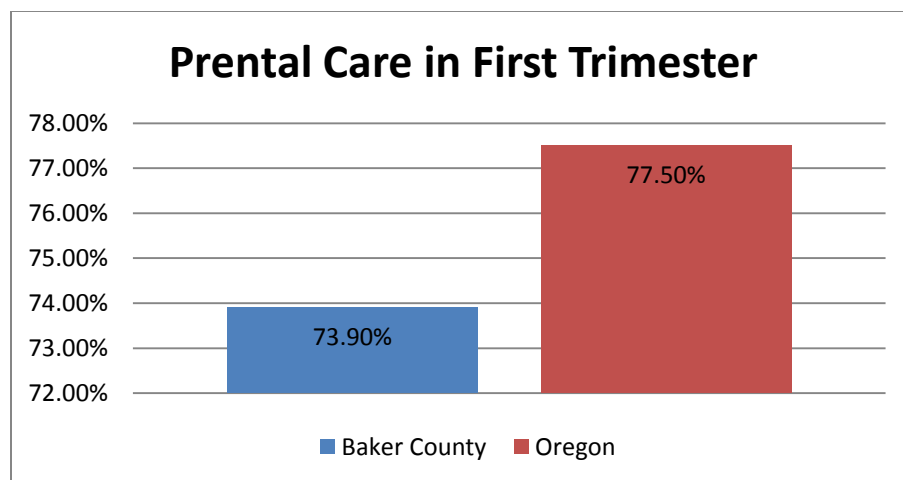
### Teen Births

	Oregon	Baker County
Teen Births	29	39

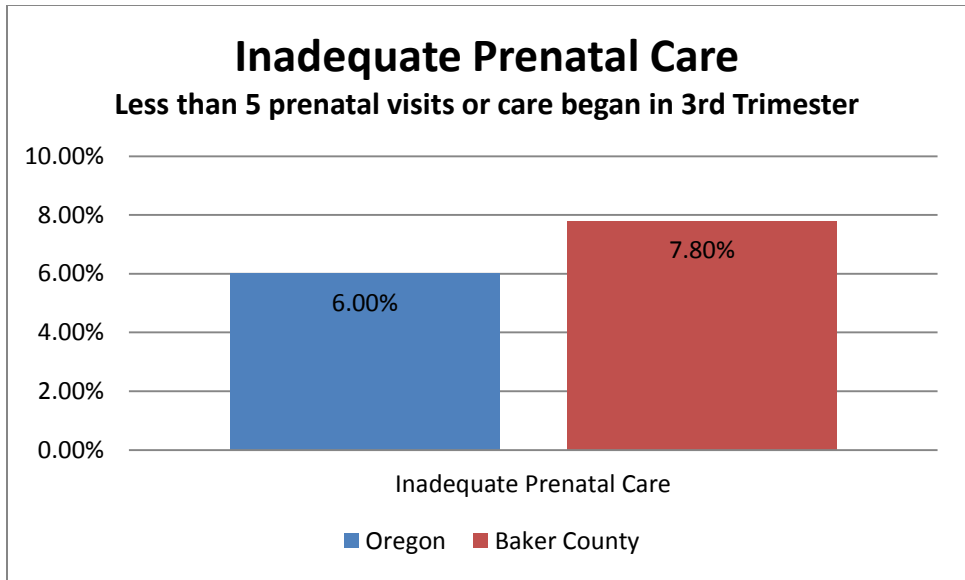
County Health Rankings 2016 (data includes 2007-2013)

The above teen birth numbers represent the number of births per 1,000 female population ages 15-19. Baker County is well above the State of Oregon. Teen pregnancy increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mothers, children, families and communities. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. They are also more likely to have pre-term delivery and a low birthweight baby, increasing the risk of child developmental delay, illness, and mortality. County Health Rankings does not capture births among teens younger than 15. It should also be noted that not all pregnancies culminate in a birth.

### Prenatal Care



Source: Oregon Vital Statistics County Data 2014

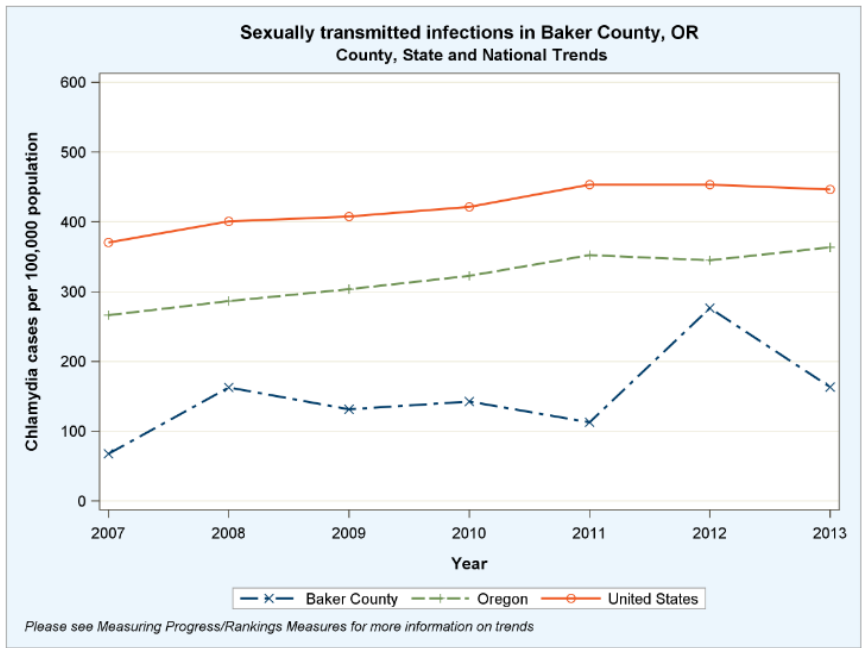


Source: Oregon Vital Statistics County Data 2014

Late/no prenatal care is higher in Baker County than the State of Oregon and is an opportunity to continue to address.

### Sexually Transmitted Infections

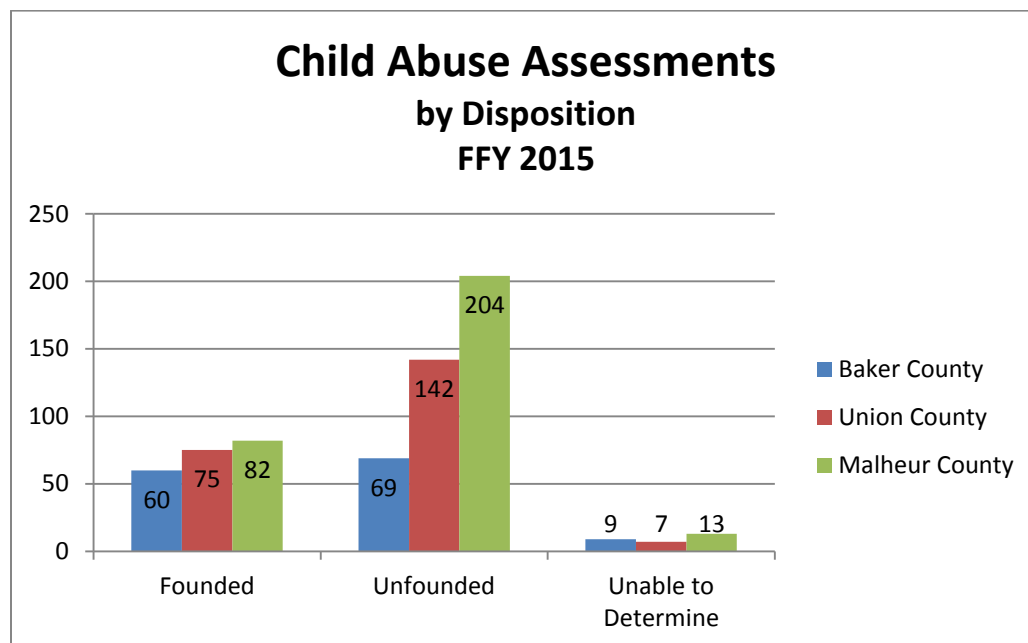
	Oregon	Baker County
Sexually transmitted infections – Chlamydia per 100,000	363.7	163.4



Source: County Health Rankings 2016



## Child Abuse:



Source: 2015 Child Welfare Data Book

### Victim Rate per 1,000 Children, by County - FFY 2013-FFY 2015

County	Population under 18**			Victims			Rate per 1,000		
	2013	2014	2015	2013	2014	2015	2013	2014	2015
Baker	3,206	3,098	3,117	67	57	98	20.9	18.4	31.4
<b>Statewide*</b>	<b>862,810</b>	<b>857,606</b>	<b>858,022</b>	<b>10,630</b>	<b>10,010</b>	<b>10,402</b>	<b>12.3</b>	<b>11.7</b>	<b>12.1</b>

\*State total includes investigations of child abuse in or by a Children's Care Provider, conducted by the Office of Adult Abuse Prevention & Investigations (OAAPI).

\*\* The population data is one year behind the year shown and is from Puzanchera, C., Sladky, A. and Kang, W. (2015). "Easy Access to Juvenile Populations: 1990-2014." Online. Available: <http://www.ojjdp.gov/ojstatbb/ezapop/>.

Source: 2015 Child Welfare Data Book

Since 2005, there have been 18 infant deaths within Baker County. Known causes of death include SIDS and suffocation from co-sleeping. SAMCBC is part of the Baker County Cribs for Kids coalition. Cribs for Kids is a nationwide program that provides cribs (Graco Pack 'N Play portable cribs) to babies whose mothers/families cannot afford them or do not have them. The program also provides education to mother's/parents regarding unsafe-sleep environments. Baker County has 15-20 Pack 'N Play cribs in stock at all times, held at the Northeast Oregon Compassion Center. Law Enforcement, Department of Human Services, SAMBC, and other entities are able to make referrals to the Compassion Center for families in need of cribs. Law Enforcement and Child Welfare can also access cribs for families as they encounter homes and families who do not have a safe place for infants to sleep. SAMCBC Labor and Delivery also provides all mother's leaving the hospital with a Halo Sleepsack as well as other educational materials to aid in safe sleep practices once the infant and mother return home.

## Environmental Factors

	Oregon	Baker County
Air Pollution – Particulate Matter	8.9	9.3
Severe Housing Problems	20%	18%

Source: County Health Rankings 2016

## Causes of Death

Baker County's top causes of death closely mirror both the Oregon State and national list. The most notable difference is suicide as a leading cause of death in Baker County over Oregon and nationally.

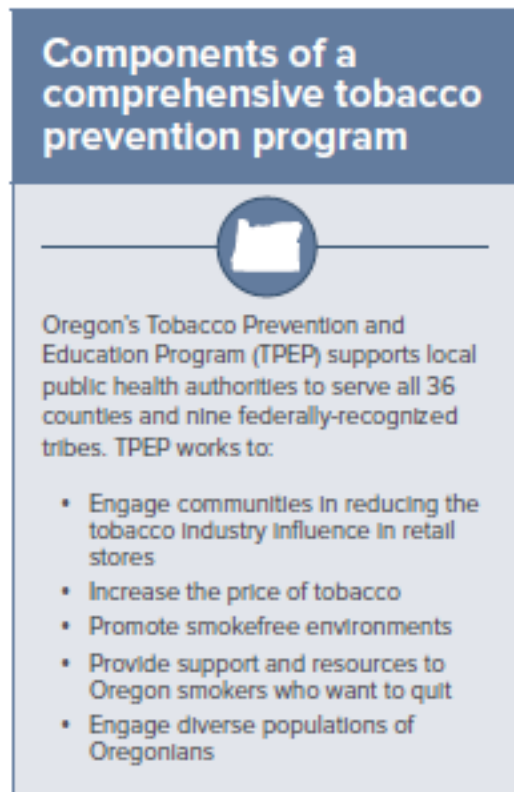
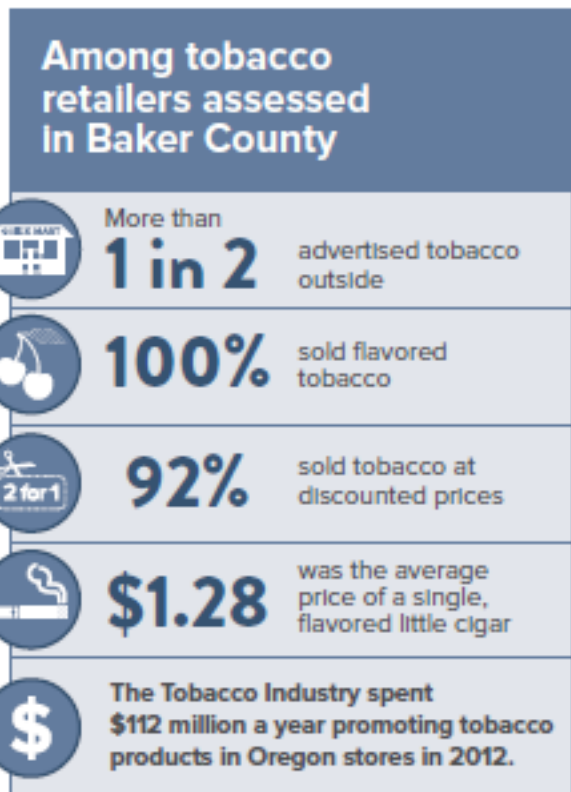
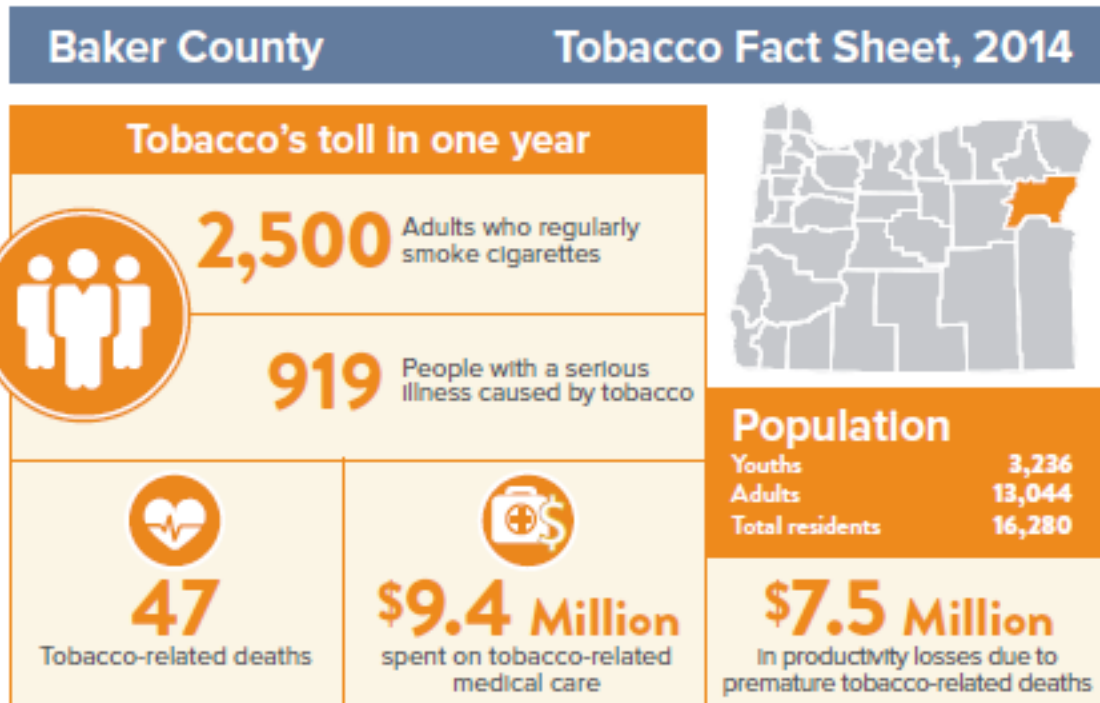
Other fluctuations are largely attributable to small sample sizes in Baker County for 7<sup>th</sup> through 10<sup>th</sup> leading causes.

### Leading Causes of Death

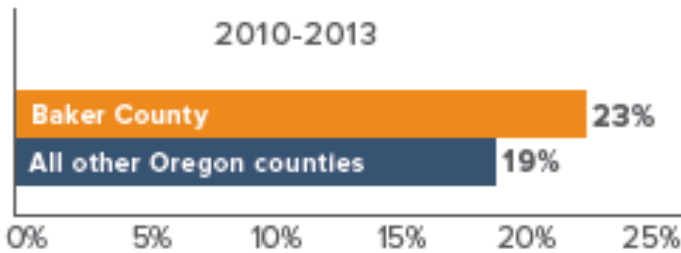
	Baker County	Oregon	United States
1	Heart Disease - 48	Cancer - 198.4	Heart Disease – 614,348
2	Cancer - 46	Heart Disease - 164.6	Cancer – 591,699
3	Chronic Lower Respiratory Disease (CLRD) - 20	Chronic Lower Respiratory Disease (CLRD) - 49.4	Chronic Lower Respiratory Disease (CLRD) – 147,101
4	CerebroVascular Disease (CeVd) - 10	CerebroVascular Disease (CeVD) - 46.0	Accidents / Unintentional injuries – 136,053
5	Unintentional injury - 9	Unintentional Injury - 45.3	Stroke – 133,103
6	Suicide / Alcohol Induced (tie) - 7	Alzheimer's - 35.6	Alzheimer's – 93,541
7		Diabetes Mellitus - 27.3	Diabetes – 76,488
8	Alzheimer's - 5	Suicide - 19.7	Influenza & Pneumonia – 55,227
9	Diabetes - 4	Alcohol Induced - 19.2	Nephritis – 48,146
10	Flu & Pneumonia / Parkinson's / Septicemia (Tie) - 2	High Blood Pressure (HBP) - 12.6	Intentional Self-harm (Suicide) – 42,773

*Oregon Vital Statistics - CDC*

## Tobacco use



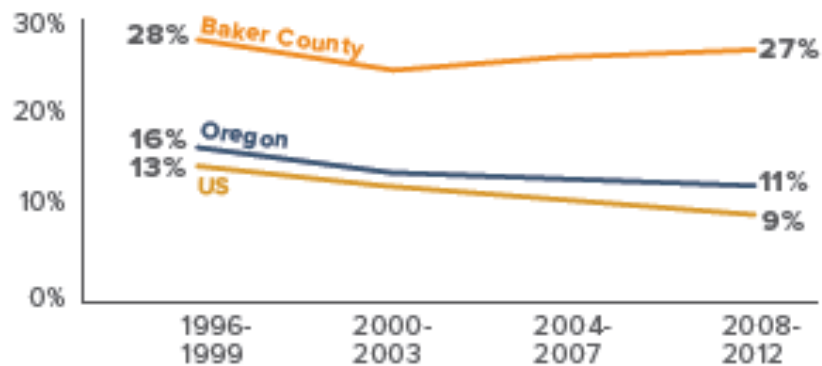
## Adult cigarette smoking



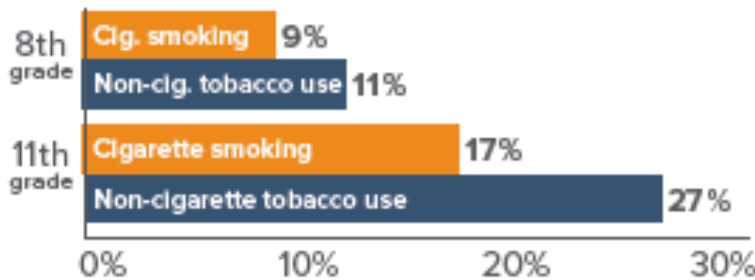
Cigarette smoking among adults in Baker County is **higher** than the rest of Oregon.

## Cigarette smoking during pregnancy

Cigarette smoking among pregnant women in Baker County is **more than** Oregon overall, and **three times as high** as the rest of the US.



## Youth cigarette and non-cigarette tobacco use



Among 11th graders in Baker County, non-cigarette tobacco use is **60% higher** than cigarette smoking.

Note: non-cigarette tobacco products include: cigars, pipe tobacco, hookah tobacco, chewing tobacco, dissolvable tobacco, and electronic cigarettes.



**Want to know more or have questions about the burden of tobacco in your community?**

Visit Smokefree Oregon to find out what you can do:  
<http://smokefreeoregon.com/what-you-can-do/>

### Screening rates

	Oregon	Baker County
Diabetic Screening	86%	74%
Mammography Screening	61%	55%

Source: County Health Rankings 2016

Baker County is significantly lower in diabetic and mammography screenings than the State of Oregon. This illustrates an opportunity to educate the community regarding these screenings, as well as other types of screenings, that are covered under the Affordable Care Act without any copayment or co-insurance costs.

### Alcohol use

	Oregon	Baker County
Excessive Drinking	21%	19%
Alcohol-impaired driving deaths	30%	12%

Source: County Health Rankings 2016

### Injury Deaths

	Oregon	Baker County
Injury Deaths	66	111

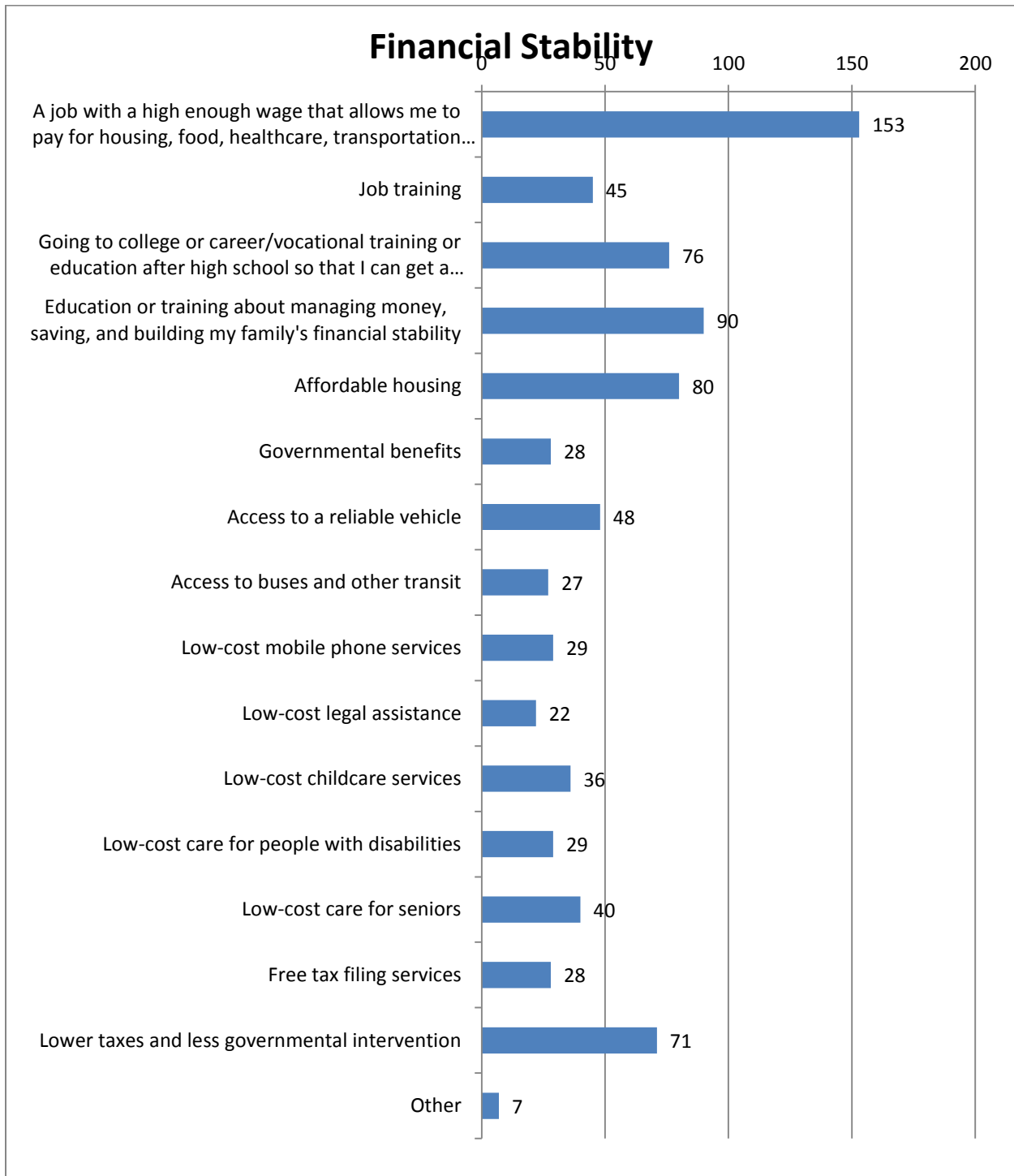
Source: County Health Rankings 2016

Injury deaths in Baker County are significantly higher than Oregon as a whole, in part due to the rural/agricultural nature of the county, and is also home to a stretch of interstate known for high accident rates. Steps have been taken to mitigate some of the risk of highway travel in the area, but injuries remain higher than average.

## Financial Stability and Independence

From the Survey:

"Which three of the following items best describe what you and your family need to be financially stable and independent?"



## Survey Responses Regarding Barriers to Financial Stability:

The ability to earn a livable wage was the highest rated barrier to financial stability with almost 60% of the respondents listing this as their primary need for achieving financial stability. Education or training about managing money was the second highest identified need to financial stability with affordable housing as a close third.

Comments on barriers to financial stability centered on livable wages, with income being the major barrier to obtaining services, health care, housing and transportation needs. Government interventions and taxation was another frequently listed barrier.

Comments on housing centered around the lack of housing, and especially affordable housing as a barrier in many parts of Baker County. This scenario, combined with the lack of living wage jobs, creates significant housing insecurity.

The need for classes on financial skills was a frequent comment.

## Secondary Source Financial Stability Data:

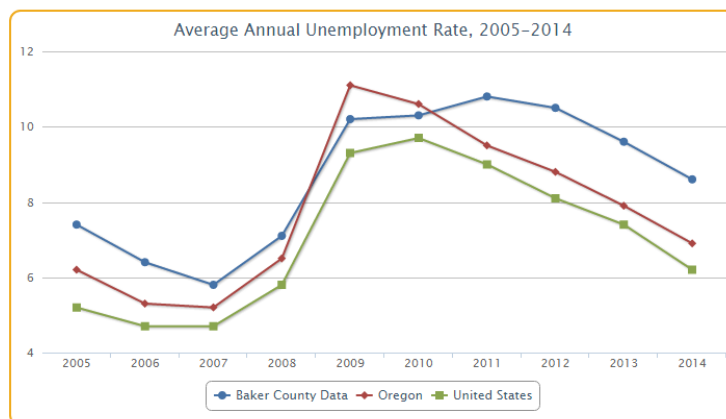
### Employment

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Baker County Data	6,661	6,107	554	<b>8.3</b>
Oregon	1,951,265	1,826,733	124,532	6.4
United States	156,985,221	148,497,233	8,487,988	5.4

*Note: This indicator is compared with the state average.*

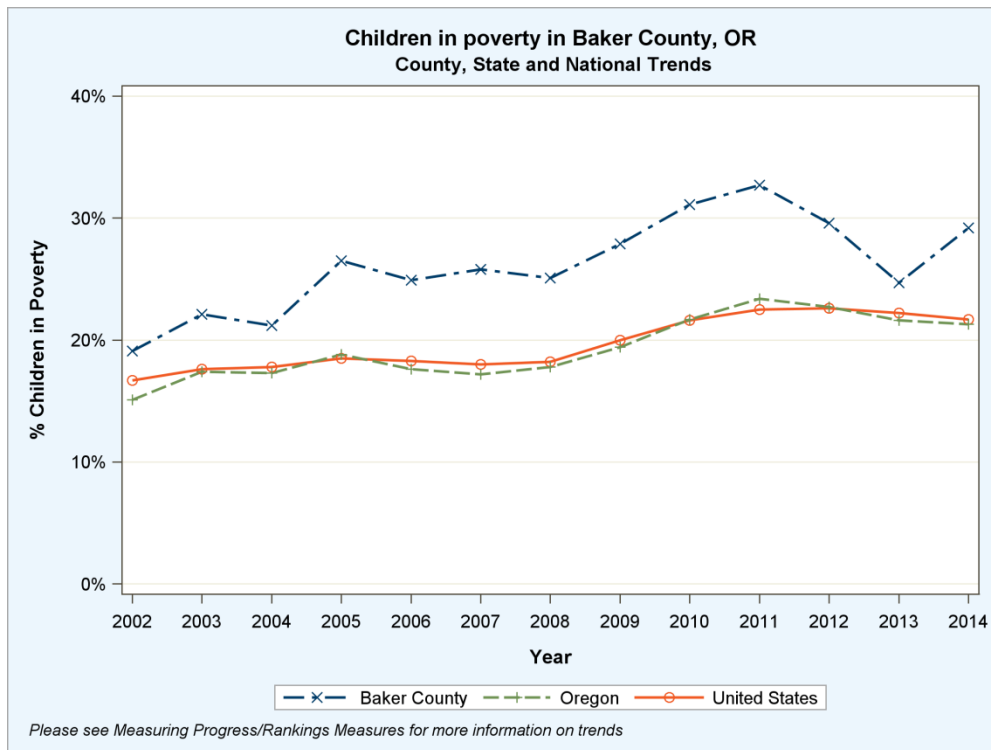
*Data Source: US Department of Labor, [Bureau of Labor Statistics](#), 2015 - December. Source geography: County*

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Baker County Data	7.4	6.4	5.8	7.1	10.2	10.3	10.8	10.5	9.6	8.6
Oregon	6.2	5.3	5.2	6.5	11.1	10.6	9.5	8.8	7.9	6.9
United States	5.2	4.7	4.7	5.8	9.3	9.7	9	8.1	7.4	6.2



## Poverty/Wages

### Children in Poverty:



Source: County Health Rankings 2016

Baker County has a higher percentage of children in poverty than both the state of Oregon and the United States.

### Housing Burden

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
Baker County Data	7,197	2,089	<b>29.03%</b>
Oregon	1,522,988	587,415	38.57%
United States	116,211,096	40,509,856	34.86%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2010-14. Source geography: Tract

Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care. Baker County's housing burden rate is less than both the State of Oregon and the United States, however, supply of affordable units is low,

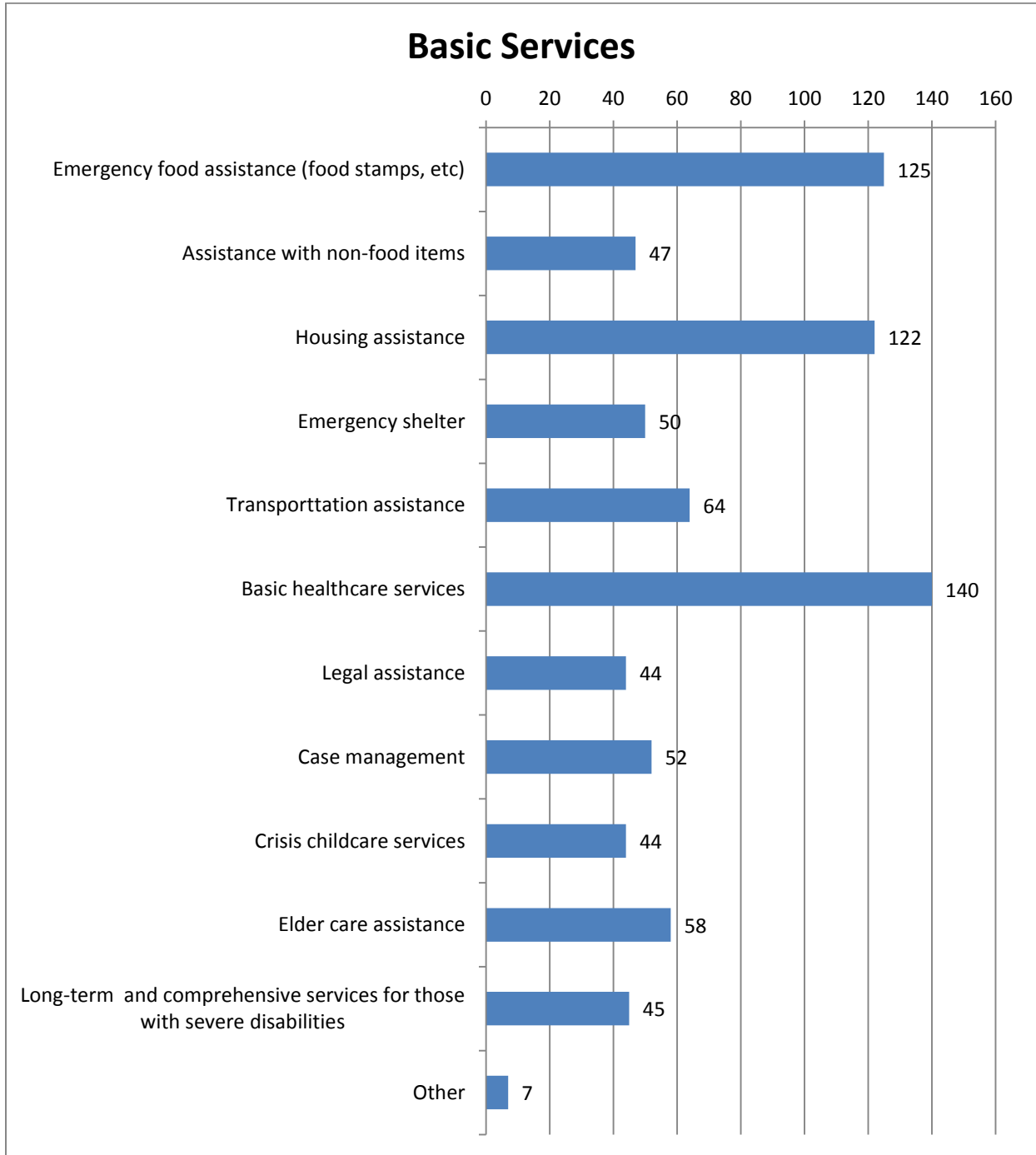


with some residents unable to find housing. Homelessness is difficult to measure due to the lack of shelters, with most homeless residents co-housing or "couch surfing".

## Access to Basic Services

From the Community Survey:

"Which three of the following basic services help families the most?"



### **Survey Responses Regarding Barriers to Accessing Basic Services:**

The top response for barriers to accessing basic services was access to basic health care, with 140 respondents. Emergency food assistance, with 125 respondents was followed by housing assistance, with 122 respondents.

The comments regarding barriers to basic services centered on the need for accessible resources, with several respondents suggesting the need for case management or centralized locations for needed services.

The shortage of housing units was also mentioned by several respondents.

### **Secondary Source Basic Services Data:**

#### Population on Food Stamps

	Oregon	Baker County
Residents on Food Stamps	810,535	3,771
Percent on Food Stamps	20.90%	23.3%

<http://projects.oregonlive.com/maps/foodstamps/>

## Significant Community Health Needs

### Process for Prioritizing and Prioritized List of Identified Needs

This CHNA identified the top needs within Baker County using the community survey, the External Review Committee meetings, and information from other community resources (such as the Local Community Advisory Council). Those needs were then prioritized into five categories of need within SAMCBC's community. The health needs below were prioritized based on magnitude of persons affected, impact on quality of life, feasibility of reasonable impact, and the consequences of inaction. The top needs are described below:

<p><b>Nutrition, Physical Activity &amp; Weight Status</b></p> <p><b>Priority #1</b></p>	<ul style="list-style-type: none"> <li>• Prevalence of obesity</li> <li>• Prevalence of diabetes</li> <li>• Low fruit and vegetable consumption</li> <li>• Physical fitness opportunities</li> <li>• Food insecurity/food desert</li> <li>• Access to a healthy diet</li> </ul>
<p><b>Health Services</b></p> <p><b>Priority #2</b></p>	<ul style="list-style-type: none"> <li>• Access to low-cost basic healthcare services</li> <li>• Living in a healthy environment</li> <li>• Low screening rates for mammography and diabetes</li> <li>• Dental services for the low income population</li> <li>• High infant mortality</li> <li>• Teen birth rate</li> </ul>
<p><b>Basic Services</b></p> <p><b>Priority #3</b></p>	<ul style="list-style-type: none"> <li>• Emergency food assistance</li> <li>• Housing</li> <li>• Basic Healthcare services</li> <li>• Homelessness</li> </ul>
<p><b>Financial Stability</b></p> <p><b>Priority #4</b></p>	<ul style="list-style-type: none"> <li>• A job with a high enough wage that allows the ability to pay for housing, food, healthcare, transportation and other necessary expenses</li> <li>• Education or training about managing money, saving, and building financial stability</li> <li>• Affordable housing</li> </ul>
<p><b>Education</b></p> <p><b>Priority #5</b></p>	<ul style="list-style-type: none"> <li>• Family/parental support</li> <li>• Highly trained teachers in the classroom</li> <li>• Motivation to recognize the importance of education</li> </ul>

## **Conclusion**

This assessment is an effort to analyze the current state of health and socioeconomic factors in the SAMCBC service area.

Limitations and inconsistencies in available data can make it challenging to accurately compare indicator performance between the local communities, the state and the nation as a whole. As areas of concern are selected for further conversation about community collaboration and community benefit planning, additional data may be sought if needed. There are some indicators where local-level data was not available and this assessment may point out areas for future data collection.

### **Implementation Strategy**

The identified priority needs will be incorporated into a Saint Alphonsus – Baker City Community Benefit Implementation Plan, which will inventory current programs in place and recommend additional services and collaborative efforts to target priority needs. Once drafted, the Community Benefit Implementation Plan will be presented to the Saint Alphonsus – Baker City Community Board for input and approval, after which objectives and targets will be established to integrate into the hospital's operating plan and budget.

### **How to obtain copies**

This Community Health Needs Assessment will be posted to the Saint Alphonsus website: [www.saintalphonsus.org/community-needs-assessment](http://www.saintalphonsus.org/community-needs-assessment). You may also request copies of this report directly at SAMCBC.

### **Contact Information**

If you would like to provide any feedback regarding this Community Health Needs Assessment, please contact Katie Rudi at 541-523-8143 or [Katie.rudi@saintalphonsus.org](mailto:Katie.rudi@saintalphonsus.org). You may also send information to:

Saint Alphonsus Medical Center  
3325 Pocahontas Road  
Baker City, OR 97814  
541-523-6461

### **Next CHNA Due Date**

The next Community Needs Assessment will be scheduled for completion by June 30, 2019.

## Appendix 1: Survey

Please take 10 minutes to complete the following survey. It is anonymous. The survey results will assist Saint Alphonsus Medical Center – Baker City and its partners to better serve the Baker County community.

**1. Which three of the following items would most help children to have success in education? Number them 1 for most important, 2 for second most important, and 3 for third most important. Please answer even if you have no children.**

- High-quality pre-school programs
- Access to tutors who can help my child with their school work
- Family/parental support
- Highly-trained teachers in the classroom
- Extracurricular activities (including clubs, sports, arts, etc.)
- Motivation to recognize the importance of education
- After school programs
- Getting good grades in kindergarten through high school
- Getting a high school diploma
- English as a second language programs
- Having mentors or adult guidance available
- Going on to college or to technical/trade school after high school
- Having help finding financial aid to continue on to college or technical/trade school after high school
- Help applying for college or technical/trade school
- Help with loan and grant applications for higher education
- Other (please specify): \_\_\_\_\_

**2. Looking back to the list in number 1, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**

**3. Which three of the following items best describe what you and your family need to live healthy lives? Number them 1 for most important, 2 for second most important, and 3 for third most important.**

- \_\_\_\_\_ Access to low-cost basic healthcare services
- \_\_\_\_\_ Access to low-cost dental services
- \_\_\_\_\_ Access to low-cost eye care
- \_\_\_\_\_ Access to low-cost prenatal services (medical services for pregnant women)
- \_\_\_\_\_ Low-cost prescriptions
- \_\_\_\_\_ Medicare or Medicaid acceptance by healthcare providers
- \_\_\_\_\_ Parenting classes
- \_\_\_\_\_ Living in a healthy environment (with good air quality, water quality, etc.)
- \_\_\_\_\_ Having access to a healthy diet
- \_\_\_\_\_ Having safe relationships (free from abuse and violence)
- \_\_\_\_\_ Having opportunities for regular exercise
- \_\_\_\_\_ Access to low-cost mental health services (such as counseling or treatment)
- \_\_\_\_\_ Access to treatment for substance abuse (from harmful substances such as alcohol, illicit drugs, tobacco)
- \_\_\_\_\_ Access to affordable health insurance or employer-provided health insurance
- \_\_\_\_\_ Transportation to healthcare related services
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**4. Looking back to the list in number 3, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**

**5. Which three of the following items best describe what you and your family need to be financially stable and independent? Number them 1 for most important, 2 for second most important, and 3 for third most important.**

- \_\_\_\_\_ A job with a high enough wage that allows me to pay for housing, food, healthcare, transportation and other necessary expenses
- \_\_\_\_\_ Job training
- \_\_\_\_\_ Going to college or career/vocational training or education after high school so that I can get a better job
- \_\_\_\_\_ Education or training about managing money, saving, and building my family's financial stability
- \_\_\_\_\_ Affordable housing
- \_\_\_\_\_ Governmental benefits
- \_\_\_\_\_ Access to a reliable vehicle
- \_\_\_\_\_ Access to buses and other transit
- \_\_\_\_\_ Low-cost mobile phone services
- \_\_\_\_\_ Low-cost legal assistance
- \_\_\_\_\_ Low-cost childcare services
- \_\_\_\_\_ Low-cost care for people with disabilities
- \_\_\_\_\_ Low-cost care for seniors
- \_\_\_\_\_ Free tax filing services
- \_\_\_\_\_ Lower taxes and less governmental intervention
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**6. Looking back to the list in number 5, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**



**7. Which three of the following basic services help families the most? Number them 1 for most important, 2 for second most important, and 3 for third most important.**

- Emergency food assistance (such as food stamps or food at a local food pantry)
- Assistance with non-food items (like toilet paper, soap, etc.)
- Housing assistance
- Emergency shelter (for day or night or both)
- Transportation assistance (such as bus fare or other public transport, gasoline subsidy, or reduced price or free taxi service)
- Basic healthcare services (such as a clinic that does not charge a fee but is not the emergency room of the hospital)
- Legal assistance (that does not charge a fee, or charges a fee based on your income)
- Case management (such as having one agency or person find and coordinate the services you are eligible for, or need)
- Crisis childcare services (such as when your child is sick and you need to work)
- Elder care assistance (such as an in-home aide to assist in caring for a senior, or a day care program)
- Long-term and comprehensive services for those with severe disabilities
- Other (please specify): \_\_\_\_\_

**8. Looking back to the list in number 7, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**

**9. How many people are in your household?**

1  2  3  4  5  6  7  8 or more

**10. Of the people in your household, how many are under 18 years of age?**

None  1 child  2 children  3 children  4 children  5 children  
 6 children or more

**11. Of the people in your household, how many are over 65 years of age?**

None  1 person  2 people  3 or more people

**12. Are any of the people in your household not related to you? (Are not family members)**

Yes  No

**13. What income range best describes your total household income?**

Less than \$10,000 per year  
 From \$10,000 to \$19,999 per year  
 From \$20,000 to \$34,999 per year  
 From \$35,000 to \$49,999 per year  
 From \$50,000 to \$74,999 per year  
 \$75,000 per year and over  
 I don't want to say

**14. Do you have a child or children in pre-kindergarten or kindergarten now?**

Yes  No

**15. Do you have a child or children in grades 1 through 12 now?**

Yes  No

**16. Do you have a child or children in post high school (college or vocational training) education now?**

Yes  No

**17. Are any of the adults in your household looking for work but are unemployed now?**

Yes  No

**18. Do you have, or have access to, convenient transportation? (A car or public transit that is accessible when you need it)?**

Yes  No

**19. Does your rent or mortgage payment currently exceed 30% of your monthly take-home pay?**

Yes  No  Currently no home

**20. Please describe your health insurance coverage:**

- None
- Individual insurance
- Employer-provided insurance
- Government provided insurance (like Medicaid or CHIP)

**21. What is the highest level of education you have obtained?**

- Less than grade 12
- GED or high school diploma
- Vocational or technical certificate
- Some college
- 2-year college degree
- 4-year college degree
- Post-graduate degree (masters, PhD)
- Other (please specify)\_\_\_\_\_

**22. Demographic Information**

**Race:**

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Black/African American         | <input type="checkbox"/> White   |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Hawaiian/Pacific Islander      | <input type="checkbox"/> Decline |
| <input type="checkbox"/> Multiracial                    |                                  |

**Ethnicity:**

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Hispanic/Latino     | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Decline |

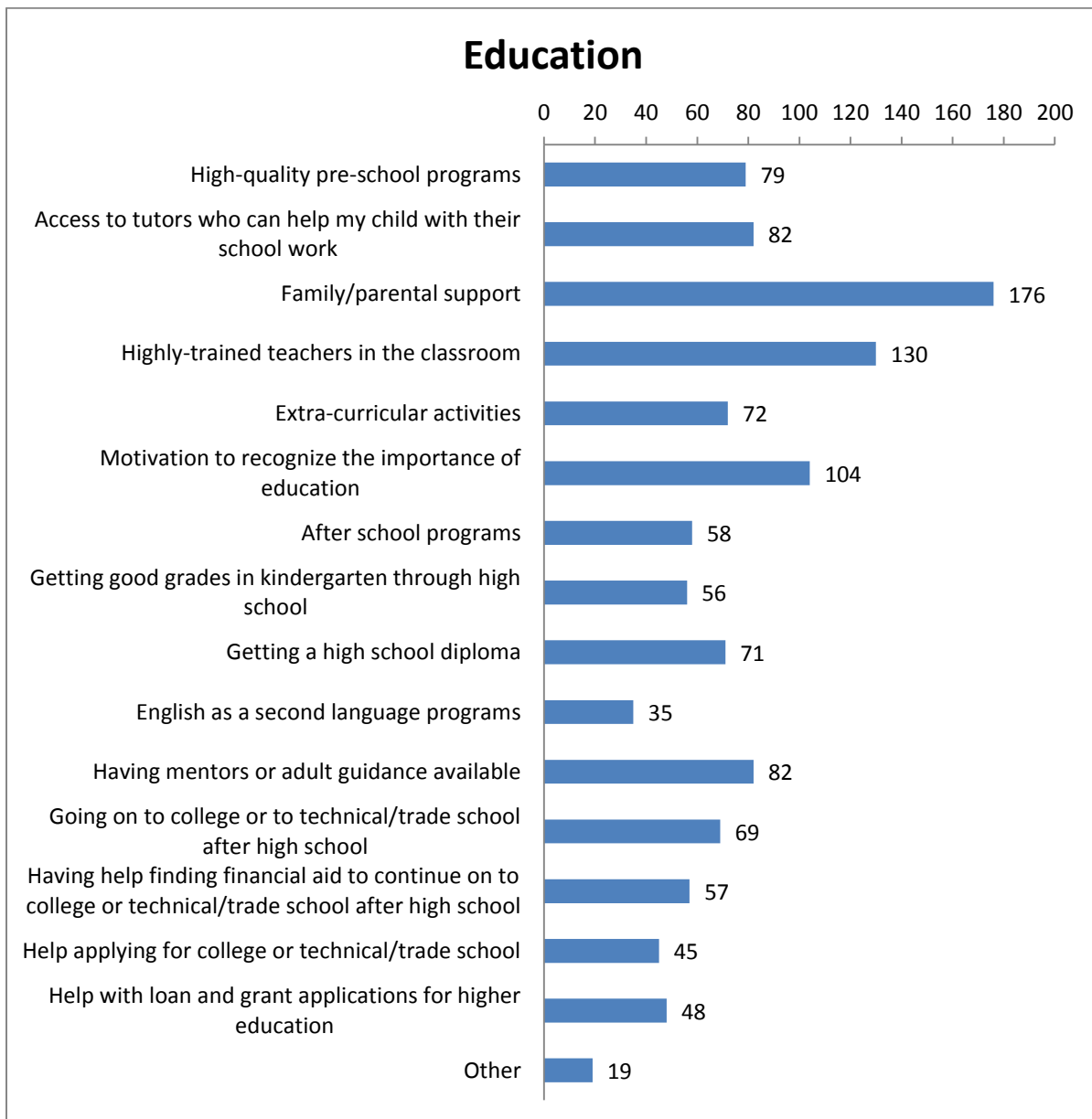
**Sex:**

- Male
- Female
- Decline

## Appendix 2: Survey Results

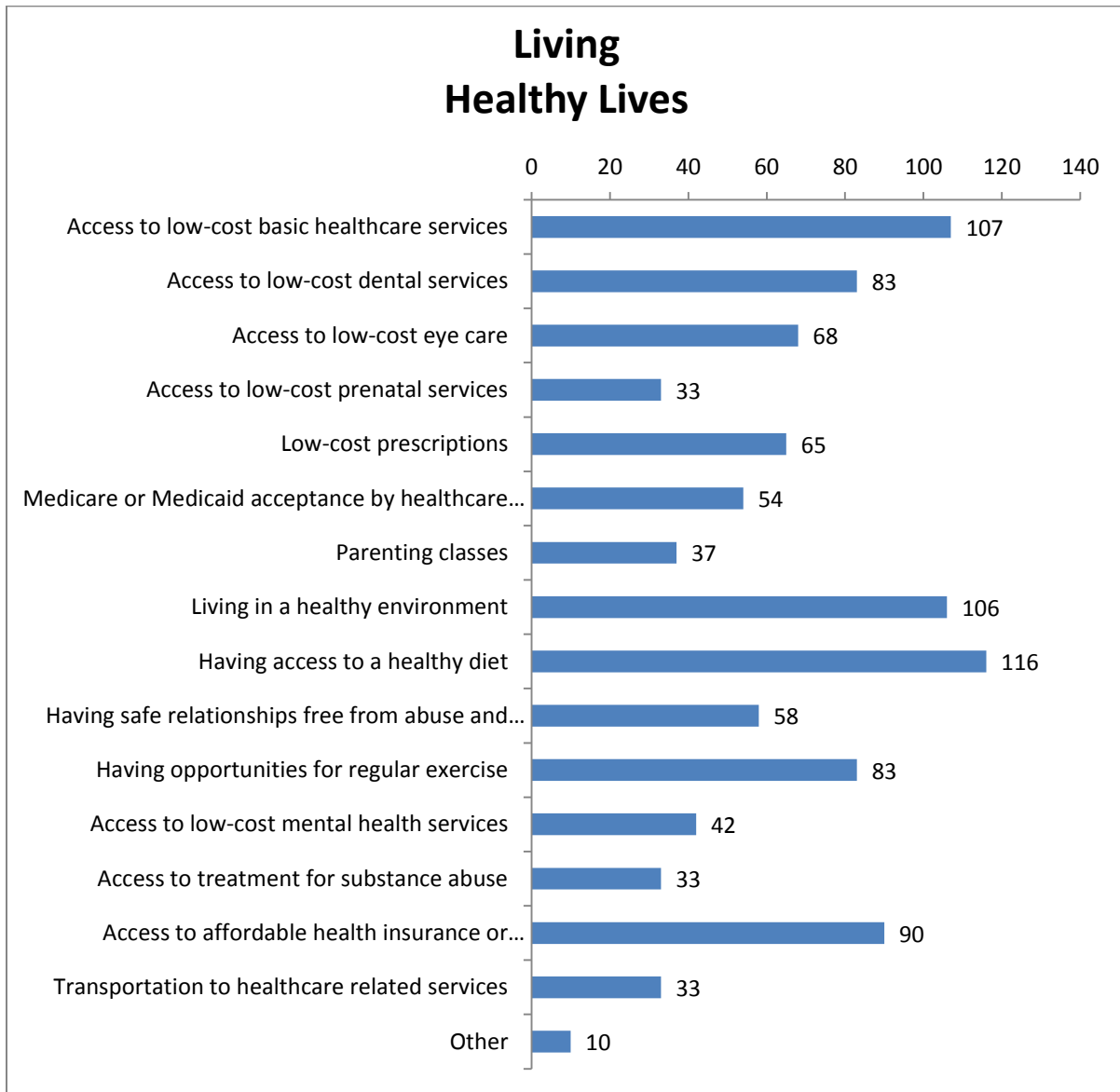
**1. Which three of the following items would most help children to have success in education? Number them 1 for most important, 2 for second most important, and 3 for third most important. Please answer even if you have no children.**

**2. Looking back to the list in number 1, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**



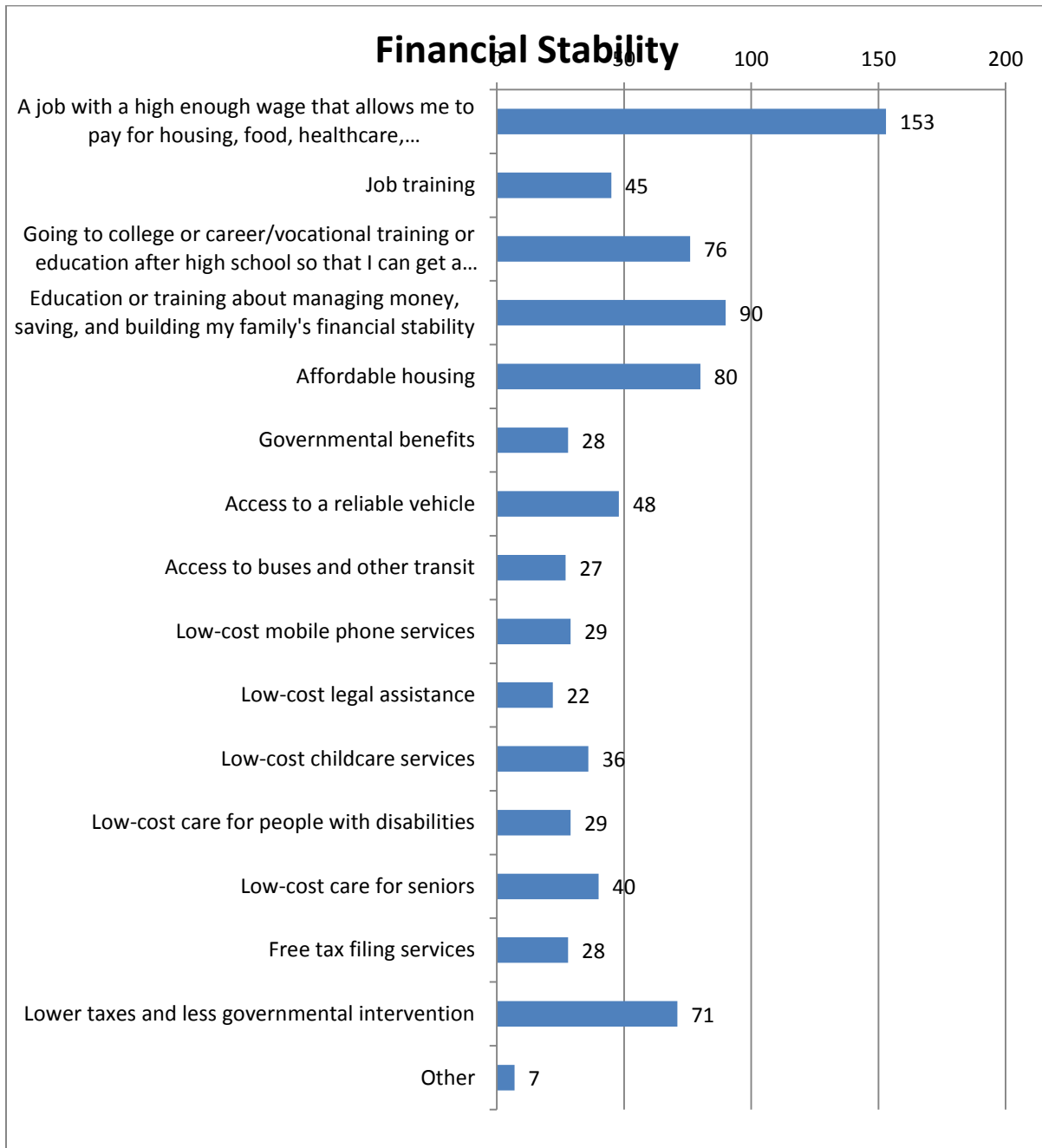
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**4. Looking back to the list in number 3, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**



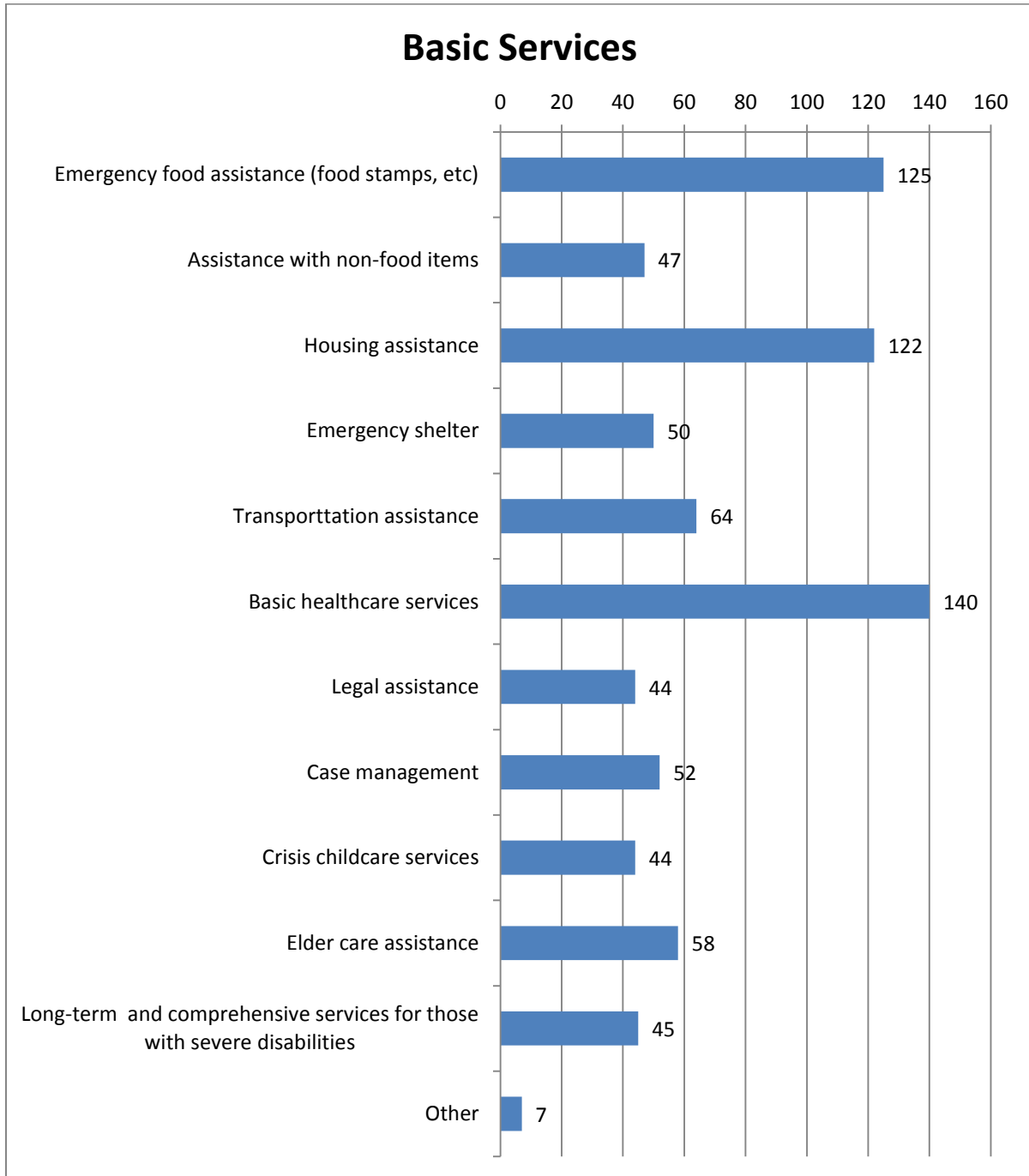
**5. Which three of the following items best describe what you and your family need to be financially stable and independent? Number them 1 for most important, 2 for second most important, and 3 for third most important.**

**6. Looking back to the list in number 5, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**

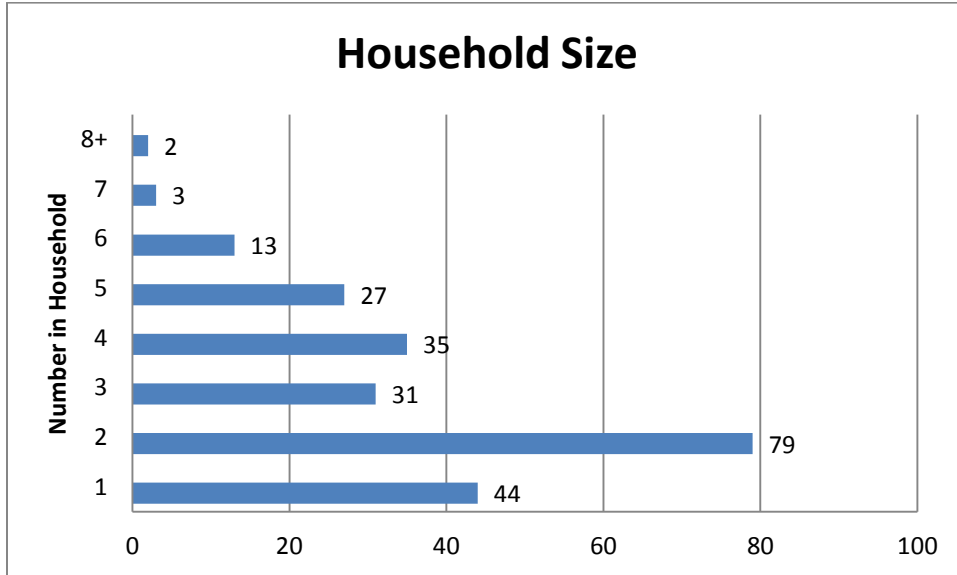


**7. Which three of the following basic services help families the most? Number them 1 for most important, 2 for second most important, and 3 for third most important.**

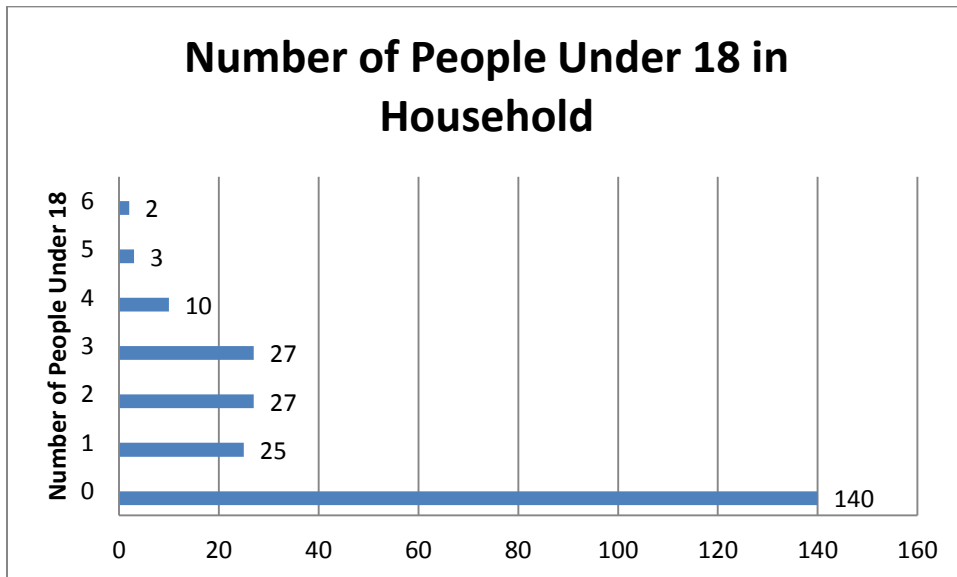
**8. Looking back to the list in number 7, circle the items that you need but are unable to receive. Please comment about what keeps you from receiving or attaining these items:**



**9. How many people are in your household?**

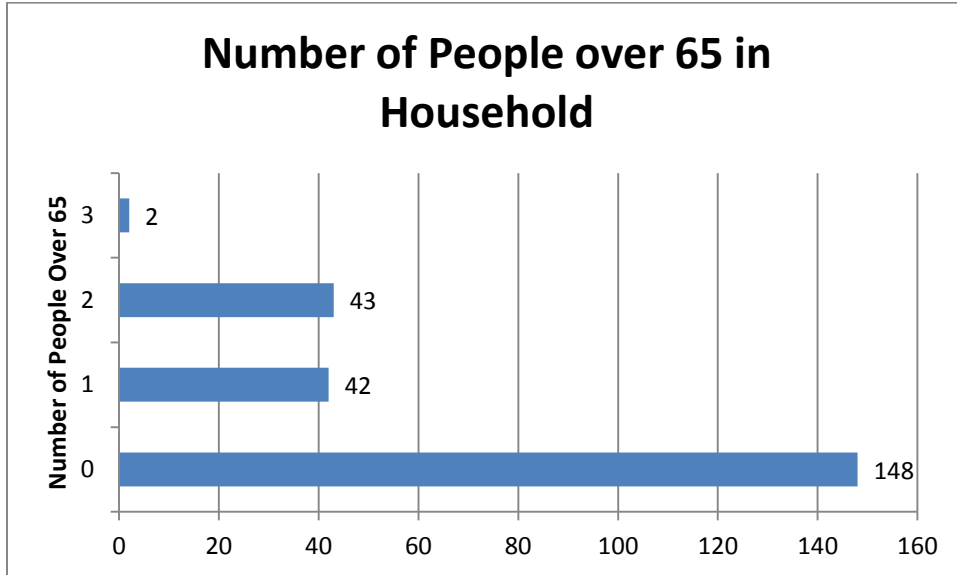


**10. Of the people in your household, how many are under 18 years of age?**

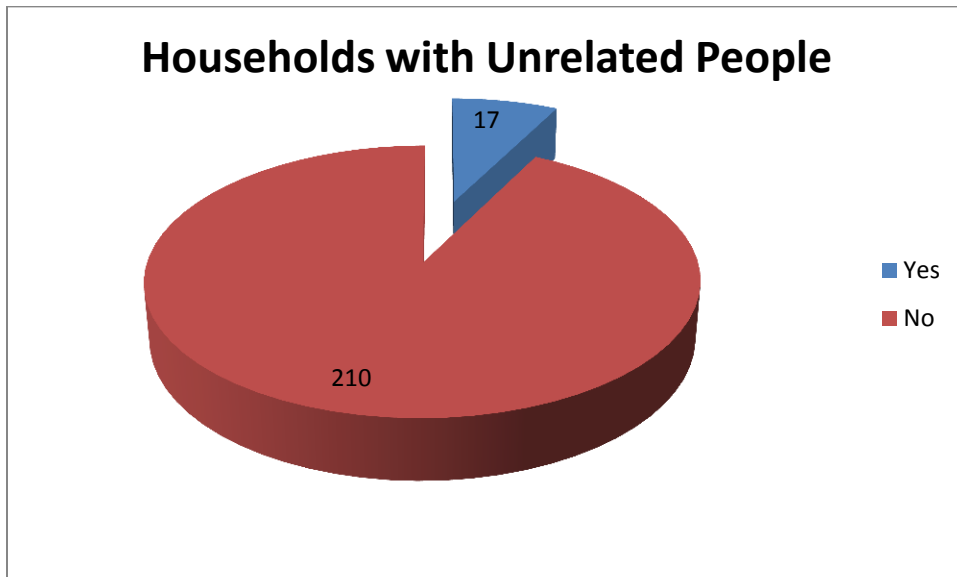




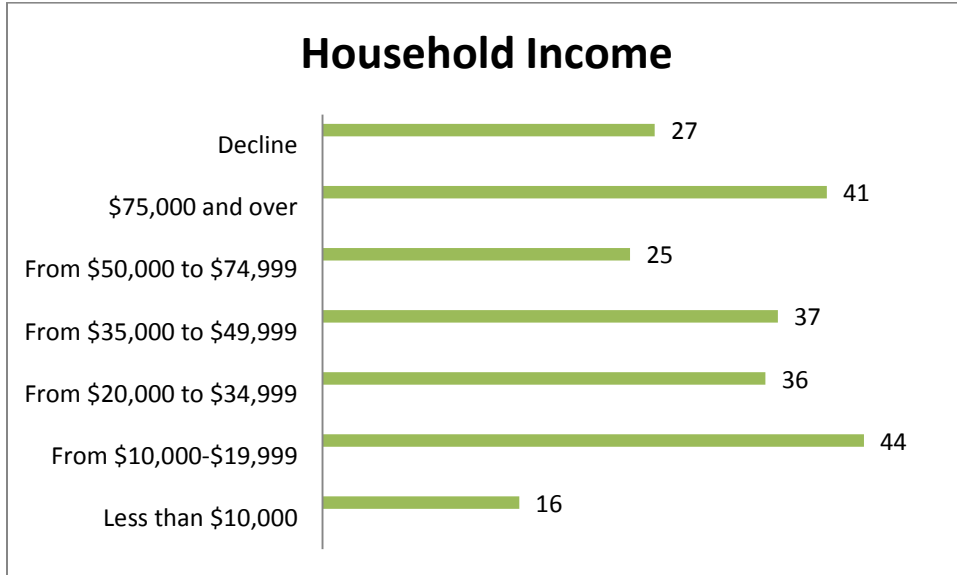
11. Of the people in your household, how many are over 65 years of age?



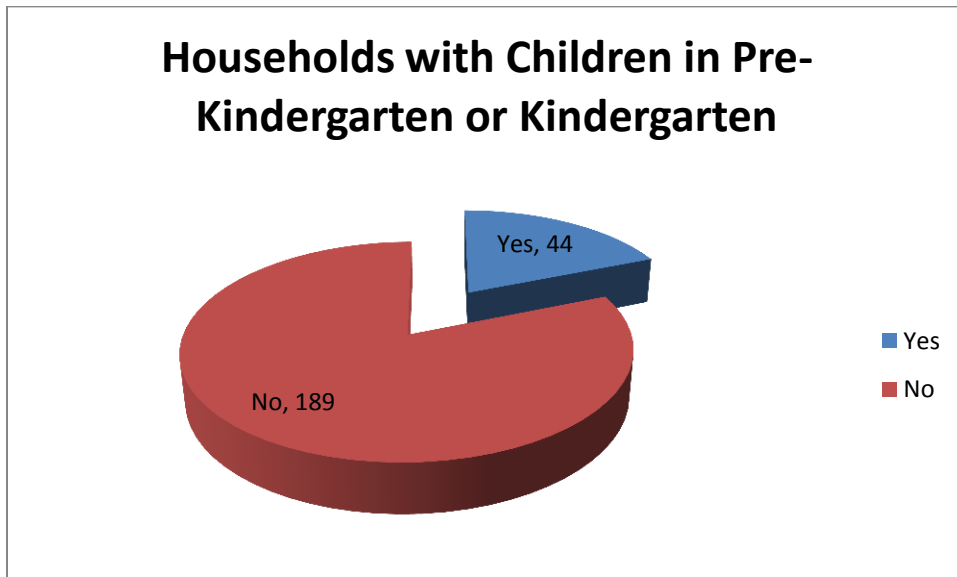
12. Are any of the people in your household not related to you? (Are not family members)



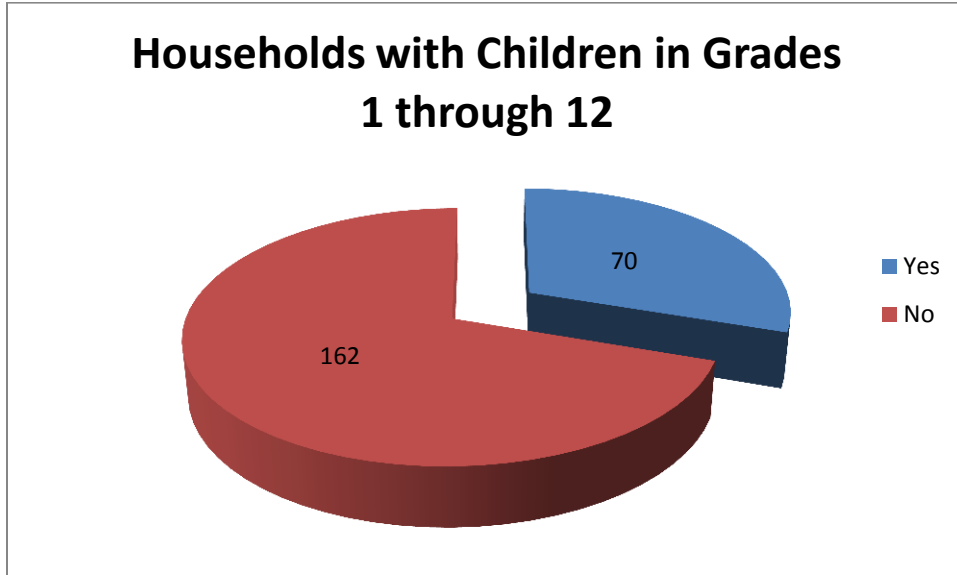
**13. What income range best describes your total household income?**



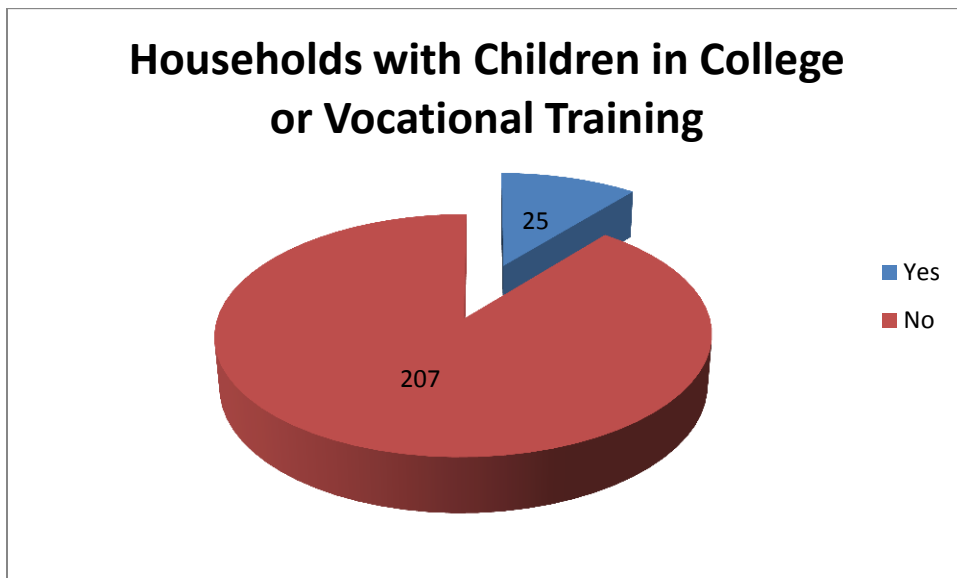
**14. Do you have a child or children in pre-kindergarten or kindergarten now?**



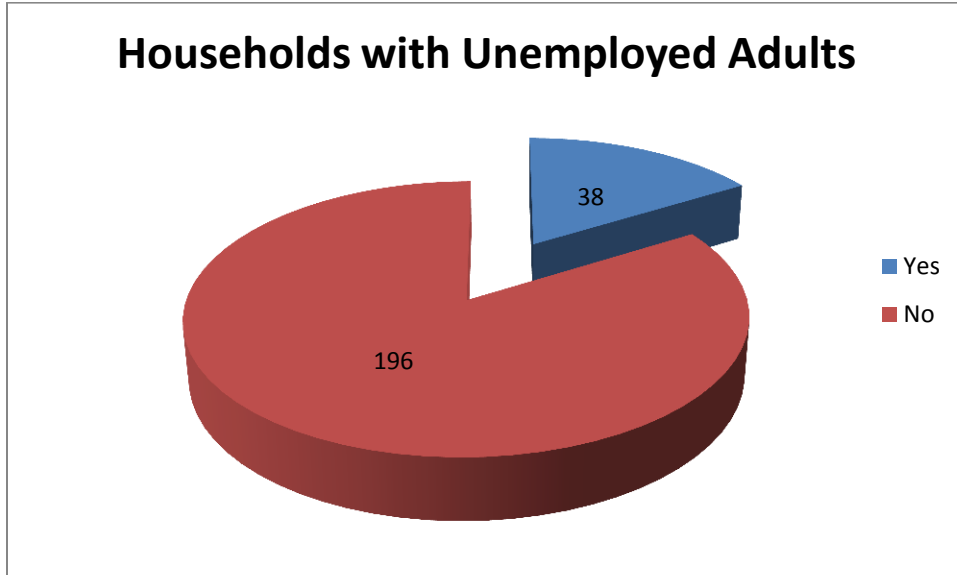
**15. Do you have a child or children in grades 1 through 12 now?**



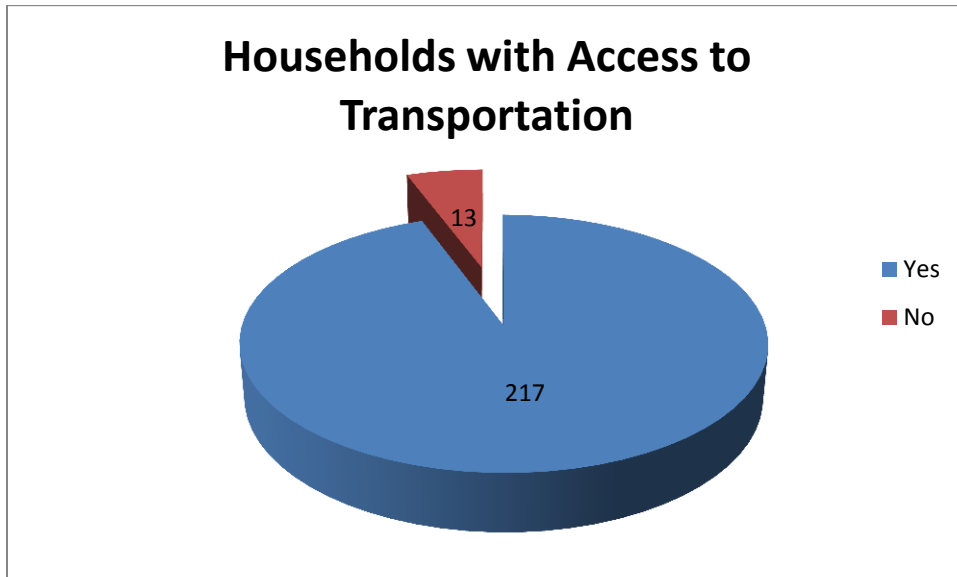
**16. Do you have a child or children in post high school (college or vocational training) education now?**



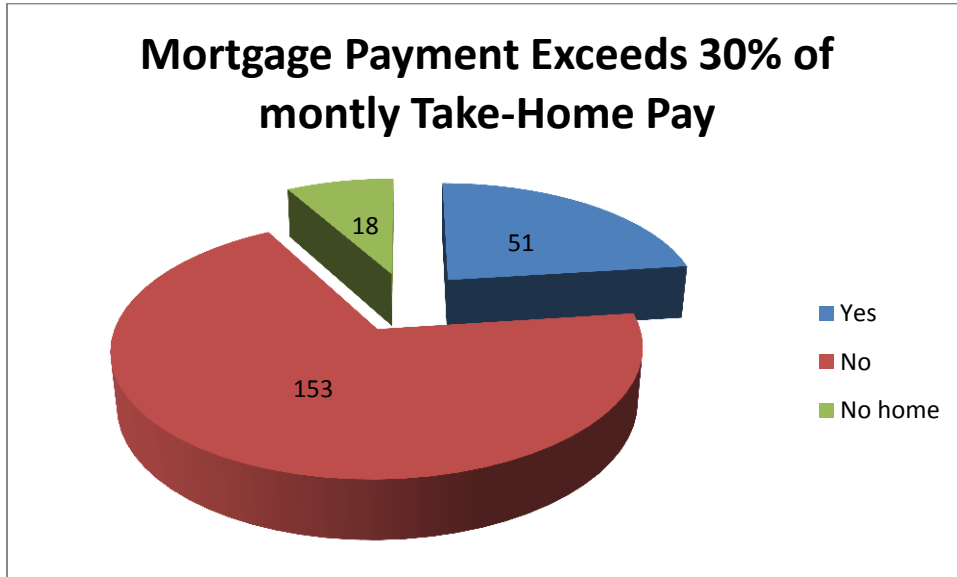
17. Are any of the adults in your household looking for work but are unemployed now?



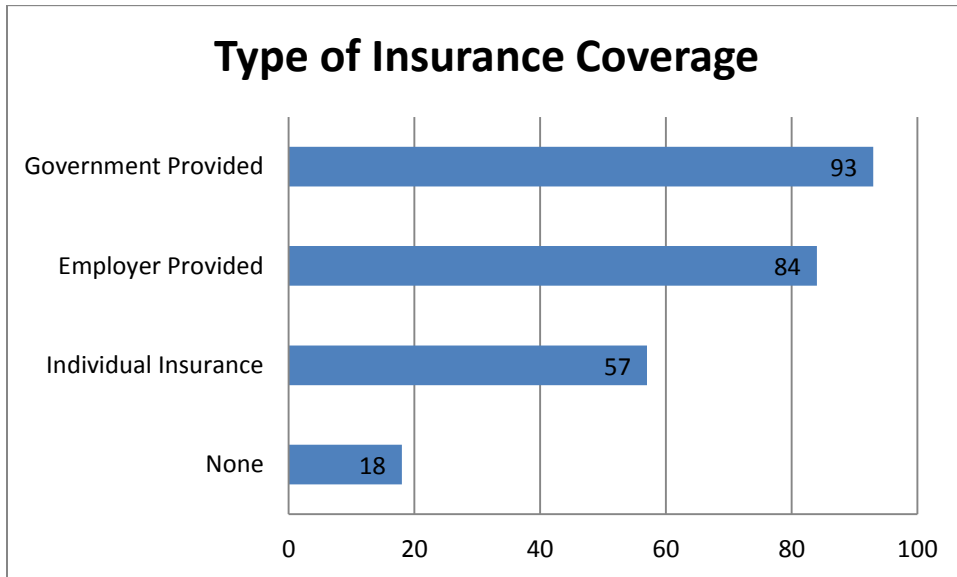
18. Do you have, or have access to, convenient transportation? (A car or public transit that is accessible when you need it)?



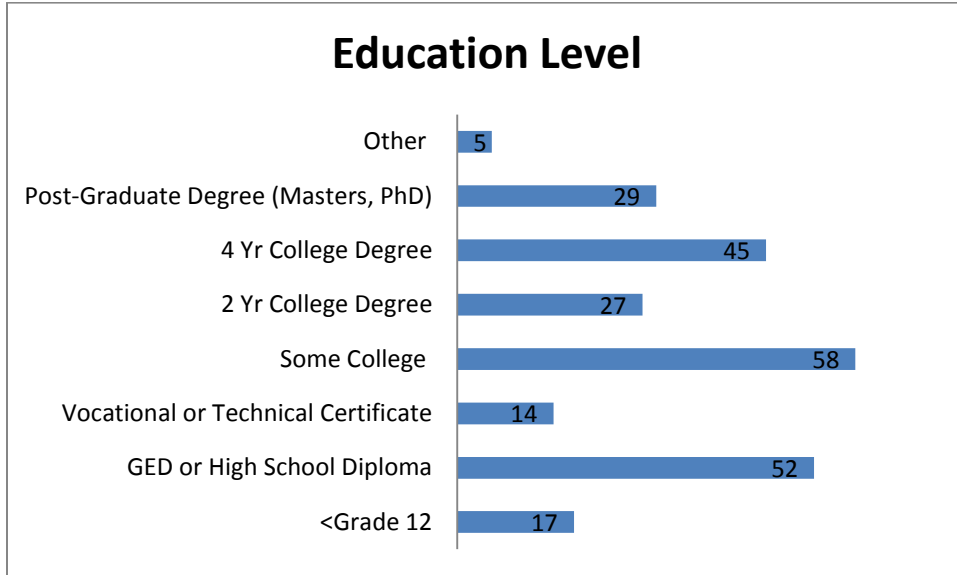
**19. Does your rent or mortgage payment currently exceed 30% of your monthly take-home pay?**



**20. Please describe your health insurance coverage:**

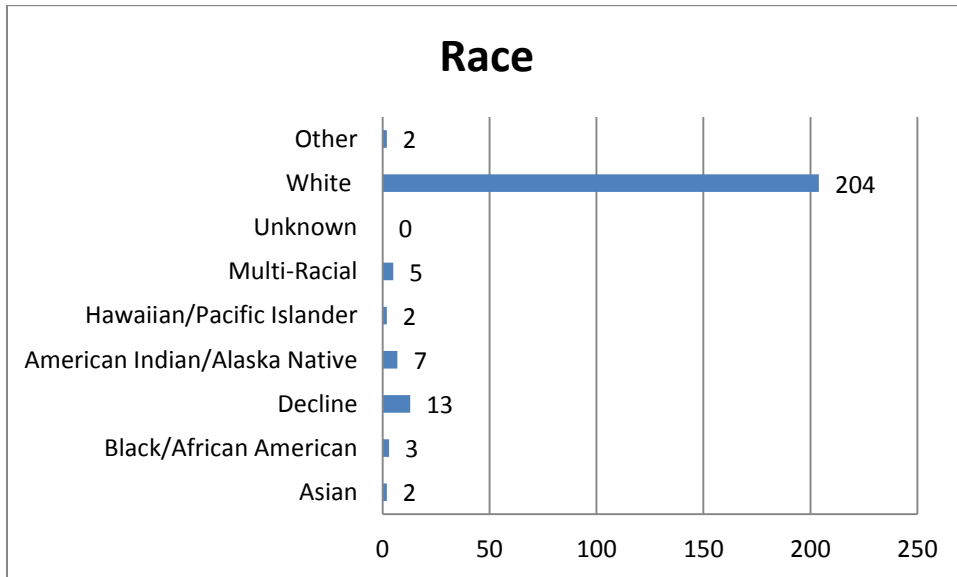


## 21. What is the highest level of education you have obtained?

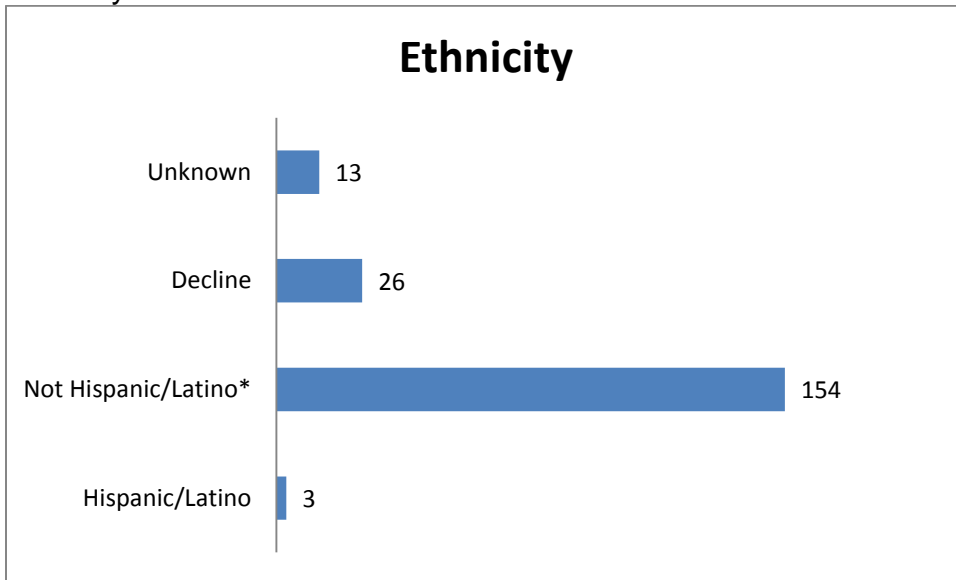


## 22. Demographic Information

### Race



### Ethnicity



### Gender

